





Thomas. Brown. M.D.

PRINCIPLES

OF

HOMŒOPATHY.

IN A SERIES OF LECTURES.

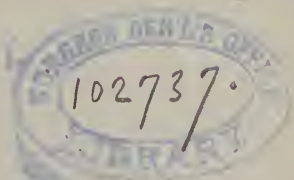
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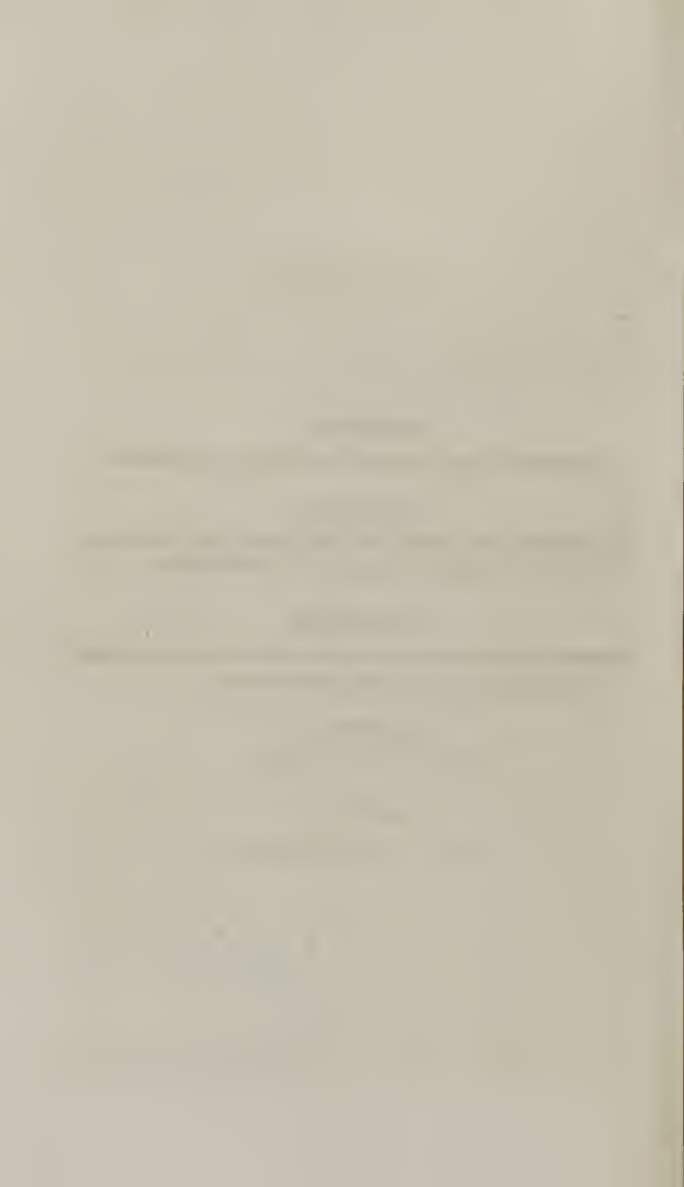
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LECTURE I.

OBSTACLES TO HOMŒOPATHIC INVESTIGATION AND BELIEF.

Educated physicians who embrace Homœopathy in the present early stage of the reformation, are under the necessity of sacrificing not only their preconceived opinions, but a portion of that respect which they previously enjoyed in the profession and the community. In order to make these sacrifices, they must generally be men possessed of sound minds and actuated by pure and lofty motives—men who prefer facts to hypotheses, and the interests of truth and humanity to their own temporary advancement. Though the Homœopathic physician, before he can be recognised as such, is required to possess as thorough knowledge of every branch of medical science as the most respectable portion of his Alloëopathic brethren, and although he has actually gone through a regular course of Alloëopathic study, under Alloëopathic professors, and has been by Alloëopathic boards of examiners, declared duly qualified to practise medicine, he is now proscribed

for the knowledge which he has superadded. However highly the Homœopathic physician may be respected for his probity, his learning, and the general strength and soundness of his intellect, yet as a Homœopathist he is regarded by the mass of the community as a kind of monomaniac, and is viewed with suspicion and jealousy, if not contempt, by a majority of those to whom the public look up as the leaders of medical fashion, and the expounders of medical doctrine. Under such circumstances, it is not to be expected that the ranks of Homœopathy are to be filled from among the timid, the ambitious, the avaricious, the devotees to medical fashion, or the aspirants to medical honour.

The converts to the new doctrine are not to be sought among undergraduates still dependent on the patronage of professors, nor among newly-fledged licentiates still fortified against new truth by undue reverence for the dogmas of the schools, and inexperienced in their practical fallacy at the bed-side of the patient. This must be the general rule. If any have been exceptions, they are worthy of peculiar honour, as men whose intellectual powers and moral qualities have been such as to elevate them above the unfavourable influences by which they were surrounded.

There is another class with whose countenance and presence our fraternity can rarely hope to be honoured. They are those who have arrived at

that age which thinks and acts from habit, and recoils from a new and laborious investigation, and a total revolution of their theories and practice. Upon the more aged specimens of this class I look with mingled feelings of respect, sympathy and regret. They have sincerely aimed to do their duty and promote the welfare of man under the best lights formerly accessible. That they were born a few years too early for this glorious and beneficent reformation, is their misfortune, not their fault. It is now too late even for their friends and the friends of truth to desire their conversion, which might involve personal sacrifices transcending the amount of public good achieved by their future labours. Such individuals, however, are not numerous in our laborious and self-sacrificing profession, in which an unavoidable neglect of regimen, occasioned by imperative and unreasonable calls, induces disease, and cuts off a great majority of our fellow labourers in the midst of their useful career.

There is another class of unbelievers which, from the nature of the case, must embrace some of the foregoing class. It consists of those who are regarded as eminent in the medical profession. They are rich in honours and emoluments. Their circumstances naturally give them a strong bias against innovation. They apprehend that a medical revolution would check their brilliant career; and from their towering elevation, suddenly de-

grade them to the level of second-rate practitioners. Some among them may not only have attained wealth and popularity by practice, but honourable and influential posts as teachers of medicine, and, what is still more unfavourable to conversion—should their love of truth be less active than their self-esteem and love of approbation—some of them may “have written a book,” and stereotyped their opinions. To this whole class, their admiring pupils direct our attention, and exultingly inquire, “Have any of the rulers or of the Pharisees believed on him?” Have the leading and most learned men of the profession been converted by Hahnemann? Then turning to his followers, they exclaim with contempt, “But this people, who know not the law, are cursed.”

With many individuals, such a state of things is unfavourable to their reception of the new truth. Conversion requires either the absence of these circumstances, or else an intellectual and moral character capable of resisting their influence.

There are other influences arising from the inherent nature of the doctrine and of the evidence adduced in its support. These oppose its reception in proportion to the defects in the mental character and in the previous training in observation and induction.

I shall allude only to the inductive character of Homœopathy, and its analogy in this respect to the physical sciences as now cultivated, and to

Christianity as first promulgated. Since the time of Bacon, the inductive method, which founds science on facts instead of assumptions, has won the respect of the scientific world, and been adopted as the paramount guide in physical investigations. Since philosophers have agreed to exercise first the preceptive and then the reasoning powers,—first to collect facts, then and thence to frame theories—there has been a harmony in their co-operation, and a fruitful harvest resulting from their labours, both comparatively unknown to the persons and times of the sophists and schoolmen engaged in rearing specious structures on the basis of imagined data.

In regard to method of cultivation and certainty of conclusions, the new system of medicine approaches the most exact of those sciences which relate to inorganic nature. A class of facts obtained from healthy persons expresses the morbid properties of each article of our *Materia Medica*; another class of facts obtained from the sick expresses the therapeutic properties of the same agents; a comparison of the two classes establishes as a universal law, “Like are cured by like,” “*similia similibus curantur*.” Again, the facts of each individual case of disease determine the remedy to be selected in accordance with this law.

Let not the student of inorganic nature presume that our alleged facts are shadowy and unreal, because they frequently relate to what is immaterial

—to mere sensations. There is nothing of which our knowledge is more direct and certain, than our knowledge of our own sensations. There is no such thing as an imaginary pain, or any imaginary sensation, in the strict and elementary sense of the word. If a man believes that he has a certain pain, he has it; if he believes himself bilious, it may be a mistake. The reality of the sensation he knows; the hypothesis respecting his pathological condition he merely believes. The Homœopathic physician generally asks for no clinical facts but those to which the patient could testify in a court of justice. If a man commences the statement of his present condition with "I believe," you are almost sure that he is about to state an hypothesis, not a fact.

Of all the physical sciences, that of therapeutics has been slowest in adopting the inductive method. Hahnemann was the first who made well-ascertained facts the essential basis of the whole therapeutic fabric; the first indeed to discover a law which renders all the phenomena of abnormal action available in practice. His is the only known law which makes every morbid phenomenon observable in the living body subservient to the restoration of health. It is this availableness of the facts which stimulates the true physician to examine so minutely the active and living physiognomy of disease, the symptoms.

The medical profession is divided into two par-

ties which have not joined issue on the main point. One party asserts, as the result of observation and experience, that the Homœopathic agents are efficient. Does the other assert that they are not? No such thing. It merely asserts that they *ought* not to be efficient. The one reasons from observed facts, the other from the supposed nature of things. Here is no issue. What must be the opinion of an impartial jury, when all the witnesses on one side testify that the remedies are efficient, whilst all on the other side testify that they have not tested their efficacy?

The obstacles to belief which I formerly enumerated, operate on certain classes. But it is not selfishness, nor habit, nor blind and obstinate prejudice in its grosser form, which chiefly prevents the general adoption of the new method. In view of the seeming *à priori* improbabilities of Homœopathy, and their own want of the knowledge requisite to make any safe and satisfactory trials of the system on the sick—a circumstance which vitiates the testimony of those few who profess to have tried the system without success—the majority of physicians either resolve to reject it forever, or else procrastinate its trial from year to year, for want of leisure to attain the preliminary knowledge requisite for its practical examination. In the mean time, they have more confidence in their own reason than in other people's observations, on a subject in re-

lation to which there appear to be so many sources of illusion.

Most of these difficulties might be obviated by a method of experimentation, different from that ordinarily pursued. I am confident that, should every physician make suitable trial of the Homœopathic attenuations on himself when in his usual health, the rapid and general conversion of the profession would be inevitable. Let him carefully observe and minutely record the new symptoms experienced after each dose, and then after some days have elapsed, compare this list with the symptoms of the same remedy as recorded in the *Materia Medica*, or in the first volume of *Jahr's Manual*, and he will probably observe such a coincidence as will induce him to pursue the investigation. If he makes a similar examination of the same minute doses of other Homœopathic remedies after suitable intervals, he will, after the trial of a few remedies, find the correspondence between his own and the printed records so striking, as to convince him of the truth of the latter. The effects will be more striking in proportion to the adaptation of the medicine to the particular susceptibilities of the individual. Hence some previous study or the advice of a scientific Homœopathist, will be useful in making the selection.

Experiments made in the above manner, prove not only the truth of our *Materia Medica*, but

the power of the small doses and attenuations, that most obnoxious portion of the Homœopathic creed. This doctrine, like other parts of Homœopathy, is simply a matter of induction. It may, as I have illustrated, be proved by our own sensations. Hahnemann was led to it by pure experience, and not by any speculative views. The disciples of Hahnemann have been anathematized for their confidence in facts.

Similar treatment had been long since experienced by the disciples of One whom we may reverently call a physician, inasmuch as the record of his cures forms no inconsiderable portion of his history. Whilst one of his objects was the restoration of health—man's highest physical interest—another was to generate belief in truth, by means of facts cognizable by the senses.

Christianity was presented to the world in the shape of facts. It was a grand exhibition of the inductive method of philosophy. Now we may also claim for Homœopathy an inductive character, and for its believers a rational regard for the evidence of their senses.

Gentlemen, in making this comparison, I apprehend from you no unfair criticism. The comparison has no reference to the relative importance of the two subjects, and makes no irreverent use of sacred things. When Archbishop Whately, in order to confound the sceptics of his day, institutes a tacit but elaborate comparison be-

tween the life of Napoleon and that of Christ, and between the disbelievers of the two biographies, or when the great Teacher himself compares the kingdom of heaven to "leaven which a woman took and hid in three measures of meal," no intelligent and candid reader considers the more sacred subject degraded, or suspects any design to compare the two in regard to their importance, dignity or sanctity. A miraculous cure requires supernatural agency, and in this respect is unlike all others. But the spectator of this phenomenon, in order that he may be convinced of its reality, requires only the honest exercise of his perceptive and reflective powers. In this respect, a miracle agrees with every other phenomenon; it is addressed to man's natural powers. The case of second-hand evidence is similar. If any phenomenon is recorded by persons who observed, or any sensation by persons who experienced it, I may endeavour to weigh the characters and circumstances of the witnesses, and may admit or reject their testimony according to the evidence thus obtained. If the phenomenon is strange and wonderful, if it is even miraculous, I still use my natural powers in examining the testimony.

In pursuing the inductive method, by which the physical sciences are built up, the philosopher no longer inquires what the facts should be, but what they are. He collects them by his own ob-

servations and experiments, or obtains them from competent and credible observers, and employs facts as the only proper basis of his generalizations. If any facts, however new and strange, be reported by credible witnesses, he endeavours to place himself in a situation to observe them. If this be impracticable, he will not array his preconceived opinions against unexceptionable testimony.

Such has been the course pursued by the disciples of Bacon, and also by the disciples of a still greater Master. These appealed to facts as the basis of belief, and warned their brethren against the prevalent "philosophy," which was far from being inductive. The Greeks sought "after wisdom," after plausible hypotheses, and therefore rejected the facts, and the true wisdom. The sophists, the self-styled philosophers, held the same position as those medical sceptics of our day who array *à priori* argument, barely plausible, against facts well attested. A flippant speaker or writer may make the Homœopathic doctrine appear ridiculous to minds as superficial as his own; a thorough examination, by men really scientific and profound, will demonstrate its consistency with true reason. This greatest of all medical truths shrinks not from the ordeal of speculative investigation; yet this was not its origin in the mind of its immortal discoverer, nor has this been the principal instrument in its pro-

pagation. It appeals to the test of experiment—to results susceptible of verification by every physician and philosopher who is anxious to arrive at a correct estimate of a discovery, the most important ever made in the whole range of the medical and physical sciences.

After due study of the writings of Hahnemann and a strict trial of his method of practice, who has ever come to the conclusion that Hahnemann was an impostor or a visionary and Homœopathy a cheat or a delusion? If any honest physician, after a careful trial, ever rejected the Homœopathic practice, he must possess a feeble intellect. As the sceptical portion of the medical profession have not made this examination, their prejudices are entitled to some respect. How shall they be prevailed on to undertake the requisite reading, and those experiments which are still more essential? Many feel themselves fortified in their present position by the testimony of antiquity, or the countenance of their fellow practitioners.

To such I would address this—

Fable of the Ass and the Steamer.—An ass, heavily laden with a sack of letters directed to a distant town on the river, was met on his way by a fox, who apprized him, that ease and expedition would both be promoted, by transferring his burden to a steamer which had just then stopped at the shore.

“This is unreasonable, friend Reynard,” re-

plied the patient beast; "for my method of transporting the mail has been in operation three thousand years, yours only fifty. It is impossible that the combined wisdom of so many generations should not exceed that of one."

"Your reasoning," replied the fox, "can have no weight, unless there had been a race or races between steamboats and asses during the said three thousand years, and it had been decided that the ass always gained the race and was less fatigued. Now this trial of speed and strength must have been impossible before steamboats were invented."

Whilst the mail-carrier of the old line was staggering under the weight of this argument and that of his letters, another ass overtook him, and having overheard the conversation, was enabled to bring timely aid to the confounded disputant.

"Master Reynard," quoth he, "you are not of an age and size rightly to decide such matters. Your facts and arguments may be unanswerable; but they should have no weight with any respectable ass. No respectable and learned ass should ever adopt the new method, until some other ass, still more respectable and more learned, shall have previously adopted it."

"It puzzles my brain," replied the fox, "to apply this rule to any useful purpose. I pity your hopeless condition. The practices of the

respectable and learned asses could never be reformed, if each must wait till some ass more learned and respectable than himself should have set the example."

Moral.—The idol of one man is antiquity; that of another is respectability. The former rejects whatever was not in ages before him; the latter, whatever is not in the circle above him. The man who prefers caste to truth, and spurns useful discoveries not sanctioned by the head or the tail of some academy or fashionable clique, can only be pitied. But the man who venerates the shade of antiquity, and in matters even of science and art, is awed into ultra-conservatism by long-established opinion and usage, is entitled to some instruction. He does not consider, that the *non-adoption* of undiscovered facts and unheard opinions is not equivalent to their *rejection*. There are many facts, and inferences from them, which former ages neither adopted nor rejected; and simply because they never so much as dreamed, either of the possibility of the facts or of the conclusions to which their future discovery would necessarily lead every sound and unprejudiced mind.

Example.—Homœopathy is fifty years old. The physicians of former ages never rejected the Homœopathic Materia Medica, for it was not known; and as the physicians who preceded Hahnemann knew but few of the symptoms which

medicines excite in healthy persons, they had no means of determining whether medicines always relieve symptoms similar to those which they produce: they never tried this as a general law of cure. They never made any Homœopathic attenuations, and consequently never dreamed of instituting any comparison between their efficacy and that of crude drugs. Homœopathy was never rejected before the time of Hahnemann.

Before stating, in favour of this system, any speculative views, I will acknowledge that my own conversion was not effected by them, but by the following experiments. I took the third attenuation of a medicine, and, avoiding the study of its alleged symptoms as recorded in books, I made a record of all the new symptoms which I experienced. When this record was completed, I examined a printed list of symptoms, and was surprised to find a remarkable coincidence between them and those which I had experienced. I at first thought it probably an accidental coincidence. I repeated the medicine, and again found a coincidence equally striking. Another medicine was then tried, with similar precautions and similar results. There was a new set of symptoms, very different from the former, but generally corresponding with the printed symptoms of the medicine last taken. Thus the evidence accumulated, from week to week, until I became thoroughly convinced that such a number of coinci-

dences could not, on the theory of probabilities, be accidental. There were thousands of chances to one against such a supposition. I *knew* that the attenuated medicines were efficient, and the Homœopathic Materia Medica, so far as I had tested it, substantially *true*.

The above mode of commencing and continuing the investigation, is that which I would recommend to all inquirers. The incredibility of the power of the small doses and of the attenuations, had been my greatest stumbling-block. This being removed by actual and direct experiment, I felt confidence in Hahnemann, and felt justified in making therapeutic experiments, to test his grand law of healing. The result was equally satisfactory, and gave me a firm confidence—which every year's practice has tended to strengthen—in the exact truth and inestimable value of the Homœopathic law, and the superiority of the Homœopathic method of practice over every other system and combination of systems.

This *direct* examination of Homœopathy is prevented by speculative objections. If Homœopathy were assailed only by facts, it has a magazine of facts sufficient for repelling the assault. To many minds, the facts of the new school seem incredible, because unsupported—as they think—by analogous facts, and inexplicable on any known principles. Even to the most observant men, these difficulties beset the very threshold of

Homœopathic inquiry, and deter them from entering. Could such men be prevailed on to enter, their conversion would be secure. Not so with all. Some would be haunted with speculative difficulties, in spite of the testimony of their senses. A disproportionate activity of comparison would require analogies, and excessive causality would never be satisfied without scientific principles. Each case of medical scepticism requires its appropriate curative; which must have some specific relation to the dominant faculties. The man who believes nothing but what he *sees*, will never be cured by *thinking*; and the man who believes nothing but what he spins out of his own brain, "as spiders spin cobwebs out of their bowels," will never be cured by *observation*. Reasoning corrects reasoning. We must cure sceptical minds as we do diseased bodies—homœopathically; and be all things to all men, in the hope of gaining some to the cause of truth.

To the present day, after all the praise bestowed on the inductive method, there is much medical reasoning which is imbued with the spirit of the *à priori* and deductive philosophy of the sophists of ancient Greece.

This kind of philosophy is a hobby extremely useful for riding over facts. Some Grecian genius invented her for that purpose. Since Bacon exposed her defects, she has been in little demand except in the old medical school—a school, how-

ever, that can boast many true followers of Bacon, and wise observers of nature.

A practical physician, of the Baconian stamp, once facetiously remarked, that he knew of "nobody that had so much leisure to study philosophy, as a *sitting goose*. *She had nothing to do, but to sit and think.*"

The old school is now engaged in this (in her opinion) dignified and sublime process of *incubation*. She is taking precisely this method of hatching truth, and unhatching error. With an obstinacy and perseverance worthy of a better cause, and with eyes closed to surrounding nature, she sits on the nest and thinks; she sits and broods over lifeless stones—mistaken for eggs—in the fond hope of a progeny, which shall one day march forth upon the earth, and drive the young Homœopathic chickens back into the shell. Without stirring from her nest to examine the living creatures around her, this sedentary animal has, by the mere inherent power of reason, by long meditation, arrived at the conclusion, that those creatures are sheer phantoms. Without experiment, she has, by the mighty power of sitting without movement, and thinking with closed eyes, demonstrated that Hahnemann's egg will never hatch. Moved by compassion for her hopeless condition, and the disappointment in which her maternal solicitude must eventuate, in vain do we offer her a real egg, for *actual trial*. She

rejects the proffered treasure, and repulses the benevolent donor with hisses of contempt and indignation. What has she to do, but to *sit and think*? If any one disturbs this calm and philosophical repose, and urges her to action and vision, what has she to do, but to *hiss*?

LECTURE II.*

EVIDENCES OF THE POWER OF SMALL DOSES AND ATTENUATED MEDICINES, INCLUDING A THEORY OF POTENTIZATION.

The three grand theoretical problems of Homœopathy, are: First, Why are diseases cured by similar irritants? Secondly, Why by minute or infinitesimal doses? Thirdly, Why best by medicine in an attenuated state? Or in other words, On what principle are medicines potentized? Of the first problem, I shall not now attempt to give the solution. It never presented any serious difficulty to my own mind, nor is it the principal stumbling-block to persons in general. I shall not stop to inquire, whether the known fact, that diseases are curable by agents which excite similar affections, is to be explained on the principle that two similar diseases cannot coexist, or on the principle that an impression on the vital forces

* Read before the New-York Homœopathic Society. The publication of this and of all the following lectures has been requested by the Societies before whom and at whose request they were respectively delivered.

excites them to reaction, or on the principle that the secondary effect of a medicine is the opposite of the primary; nor shall I attempt to consider, whether some of these principles may not in some sense be compatible.

One thing is evident; that is, that two vital actions in every respect similar, must involve the same parts, even to microscopic precision—the same tissues, the same fibres, the same particles. To employ a similar irritant is to meet the disease directly, in its very home, and either coincide with or oppose it, so far as the ultimate and practical effect is concerned. If the similarity is perfect, there can be no new action set up entirely foreign to the disease. As a strict homœopathic practice, then, does not tend to excite lateral movements, it must, as its ultimate effect, bring the system to a point either backward or forward of that to which the disease would have hurried it, but to a point—so to speak—on the same track. In other words, it must stay the disease or accelerate it, make it better or worse. This condition of action enables us and all men to compare the homœopathic results with unaided nature, as well as with the *antipathic* part of the old school practice. When the question is one of quantity, there is less uncertainty than when the question of quality is complicated with it. If homœopathic physicians generally made the disease worse, it would be a matter of notoriety. But if their agents have any

efficiency, they must make it either worse or better. Let this general defence against the anti-pathists suffice, until they detect a decided and permanent aggravation—a making of the disease really worse—as the usual ultimate effect of homœopathic treatment. This we challenge them to detect.

Instead of confining ourselves to the defensive, it would be easy to maintain higher ground, and challenge a comparison between *results* obtained by opposites; and those by similars. Cold water transiently allays the irritation of a burn, but leaves it permanently irritable. Cathartics move the bowels, but leave them afterwards incapable of moving themselves. A plausible common sense tells the physicking physician, that he is removing constipation; reason and experience should teach him that he is only stereotyping it. To relieve pain and nervous irritation, the community are perpetually drugged with opiates and other narcotics, which increase the sleeplessness and nervousness, and even the cough and pain, unless the drug is continually repeated. This last is the usual expedient. The blow has not weakened the disease; if it has not fatally stunned Nature, she may eventually effect a cure.

If a patient would know the real effect which a medicine has produced, let him suspend its use. If the symptoms disappear whenever the medicine is taken, and reappear whenever it is omitted, the

medicine is doing absolutely nothing towards a cure. Homœopathia can safely appeal to this test; for she uses no mere palliatives. A single homœopathic dose will—after a slight retrograde impulse—move the patient forward on the track of amendment, for hours, days or weeks, according to the nature of the disease, and bring him to a permanently advanced position, from which other doses will carry him forward to perfect and permanent health.

But whilst Homœopathia never sacrifices the future to the present, she, on the other hand, never sacrifices the present to the future: she arrests the most violent and rapid diseases, more forcibly and speedily than any other system.

To show the advantage of giving a medicine, which, at the first instant, coincides with the disease, instead of one which at the first instant opposes it, I have deemed it sufficient to appeal to the results, and to give a plain rule for testing the two modes of treatment at every stage.

In regard to another branch of the old school practice, the *revulsive* or alloëopathic—which excites sufferings dissimilar to the disease—Homœopathia can appeal no less triumphantly to final results, in the most rapid and violent diseases, as well as in chronic.

But the comparison of intermediate results, at different stages, is attended with more difficulty,

and is more likely to mislead the superficial observer, than in the case of the antipathic treatment. Here comes in the question of quality of disease, as well as quantity. The elements of the problem are heterogeneous, and often concealed. The disease, if apparently cured, is displaced by one or more dissimilar diseases, some acute, some chronic. An emetic cures a headache, and at the same time leaves a chronic inflammation of the stomach. A cathartic removes the contents of the bowels—which in ninety-nine cases in a hundred were doing no injury—whilst the cathartic leaves a chronic inflammation of the mucous lining and a paralytic weakness of the muscular coat of the intestines. These practices account for the general prevalence of dyspepsia. The multitudinous arms of this polypus are not more nourished by nostrums than by prescriptions called scientific.

With these lateral impulses of the revulsive method, which throw the disease on some other track—and often on different tracks, some of them concealed in dark tunnels—the patient, if a man of intelligence and reflection, will often be led to doubt whether his apparent amendment is really of any advantage. An intelligent layman yesterday expressed to me his conviction, that “patients often find it as hard to get rid of the medicine as of the disease.” When the new form of disease is chronic and latent, the patient often

submits, without complaint, to its future eruptions, as a new dispensation of Providence.

Homœopathy cures a disease without inflicting new ones, acute or chronic. But because the patient feels no explosion of the disease, no laceration of other parts by its fragments, he often doubts whether the medicine has acted. If the evil spirit has not torn him, he doubts whether it has been forcibly expelled.

The immediate morbid effects of a drug, people regard as the proper *working* of the medicine; and common sense—which is often another name for shallow reasoning—teaches them that the more a medicine works, the more it will do. They say, “Doctor, your medicine has not operated.”

Experience has led people to expect some morbid effects from medicines. Morbid effects are regarded as the tests of energy, without considering whether these have any curative tendency.

If a man rides on a rough road, in a carriage without springs, he is very sensible of the motion, though his progress be only six miles an hour. Yet the jars contribute nothing to his progress. They are wasting the force destined to progression. On a smooth railroad, the passenger, seated in a closed car, gliding at the rate of twenty miles an hour, is scarcely sensible of any progress. To the great movements of the globe we inhabit, we are

utterly insensible. Whirled around by the diurnal motion, a thousand miles an hour, or several hundreds, according to our latitude, and shooting along the earth's orbit seventy thousand miles an hour, we suffer no *jars*, we feel no progress. The vulgar eye perceives none; ancient *philosophy* perceived none.

Up to the time of Hahnemann, medical philosophy was equally blind to the curative effects of medicines. Its attention was directed solely to the jarring, the *lateral* movements. If the drug purged, or sweat, or vomited, or excited some other secretion or excretion, then, and then only, it operated. The real, the specific virtues, were overlooked. Rational medicine despised specifics, as the excrecences of science. With Hahnemann they constitute the whole structure. With him originated the first general law for the administration of specifics. This is Homœopathy. With his predecessors, every drug was pressed into the service of some evacuating group, or it was nobody and nothing. Even the arch-agent, mercury, was not permitted to enrol itself, without consenting to head a squad of silalogogues, i. e. spitting drugs. Yet this collateral effect is not curative. If mercury salivates *in* curing, it does not cure *by* salivating. If it purges *in* curing, it does not cure by purging; neither does rhubarb nor jalap, nor any other cathartic, under ordinary circumstances. We might as well estimate the power of

a steam-engine by the jarring of the boat, or that of a fire-engine by the leakage from a hose, as that of medicine by the evacuations. Every motion is not progression; every accident is not proper action.

What a destruction of vital power, what a waste of medicinal energy, by such medical engineering! No wonder they are unable to make small doses operate. I shall proceed to show why the followers of Hahnemann *can* make small doses operate. This exposition will include the doctrine of potentization.

There are four *reasons* why Hahnemann's small doses operate. First, They act *directly* on the disordered parts. Secondly, They act in the *right direction*. Thirdly, Disease renders the *parts peculiarly sensitive* to the appropriate medicine. Fourthly, The power of the medicine is exalted by a *peculiar mode of preparation*.

First: The Homœopathic medicine acts *directly* on the part which requires to be influenced, and not on other parts. It acts near at hand, and not at a distance. This circumstance is always favourable to strength of action, and gives small and near things more energy than great and remote ones. The moon has only the one twenty-eight millionth part as much matter as the sun, yet it has three times as much power to raise the tides of our ocean. The cohesion of one clean bullet pressed against another, will suspend it in spite of

the attraction of the whole earth. The one is in contact with the thing acted on, the other is at a distance. This is precisely the relation which the Homœopathic medicine sustains to the revulsive. Revulsive operations are indirect, and often superficial. The machinery of the human body is vastly more complicated than any watch or chronometer, and those parts in which most of the vital processes are carried on, are inconceivably more minute and delicate than the machinery of any time-keeper. To make applications to the skin for an internal disease, is not direct treatment. You would not repair the wheels of a watch by scouring the case. But, says one, I go deeper and to the real inside. I purify the intestines. Very well! That is like scouring the brass cap that covers the machinery. It is still a very indirect and superficial expedient. The steam-boiler affords an illustration of the difference between external and internal operations. Some boilers are pervaded by flues. These are mere continuations of the outer surface, as the mucous surface of the intestines is a continuation of the skin. To clear a flue is not cleansing the boiler; so to clear the intestines is not a purification of the system; as the venders of quack cathartics persuade many of the community. It is time for the regular physicians to discountenance such charlatanry.

The medical electricians think they reach the

real interior, and apply the force at the right point. It must be conceded, that they use a force which is pervading, and analogous to, if not identical with, the vital forces. But the application of it is necessarily gross and ignorant. They expect to drive a steam-engine by directing a current of steam indiscriminately through all parts of the machinery. Infinitely more preposterous! they expect that a combination of engines with an infinite number of pistons, in an infinite variety of positions—some moving too slowly, others too fast—will have its movements harmoniously regulated, by a great current of steam which shall sweep through the whole in one direction. I would warn the Homœopathic physician against listening to the delusive pretensions of medical electricity as now ignorantly practised, or invoking it as an auxiliary. This warning may be the more necessary, as he is more a vitalist than a materialist, and attributes great importance to imponderable agents. If animal electricity is intimately concerned in morbid actions, it must be in a way so complicated, that all such projects for its regulation are crude and futile.

Homœopathic *medicines* are the only true *regulators* of animal electricity and of the human organism. The Homœopathic physician is the true engineer of this complicated machinery. Its minutest and most important parts are invisible

to him, and equally so to every other anatomist and pathologist, the most learned, and the most conceited. Not one of them, in his minutest dissections, has ever seen the real inside of nature, the real vital machinery, the elementary parts, much less the all-important—the elementary—vital actions. Both are meta-microscopic. I would not found systems of vital engineering, upon such superficial examinations, nor expect perfect success in any attempt to repair parts so inconceivably delicate, with instruments as coarse as crude drugs. The Homœopathic physician can regulate the invisible machinery of this engine. His tools are delicate and appropriate, and he has learned the law which regulates their application to invisible parts. The infinitely wise and benevolent Contriver has furnished the engine with indices—called symptoms—which point to the particular manipulations required for its regulation. To complete the manifestation of his goodness in regard to this, he has, in the course of his Providence, and through the teachings of Hahnemann, instructed mankind in the use of these indices. To attempt a cure on theoretical principles, regardless of the paramount authority of these indications, is as unwise as to seek the hour of the day by attempting to determine by algebra the position of the wheels of a clock, instead of listening to its striking or looking at its hands. The remedy, selected in accordance with the unerring index,

acts upon the very parts which require to be influenced. This contiguity, or proximity of the agent, would of itself render a small dose sufficient and a large dose unsafe.

Had it been customary with the older surgeons to extract *splinters* from the fingers by pounding them with a *hammer*, and some one had ultimately hit upon the expedient of doing it with a needle, should we not have heard a great outcry against the innovation? Says the old orthodox surgeon, "This small-dose system has no efficiency. I have been pounding here for two hours; and the splinter has barely started. My instrument is efficient, as you have evidence in the bruises. Do you think to dislodge the splinter with your insignificant homœopathic needle point? It is contrary to the experience of three thousand years; it is contrary to all analogy. I would as soon think of harnessing a musquito before my gig. I have deliberately adopted this maxim: to believe nothing which is incredible except on evidence which is overwhelming." The surgeon of the new school replies: "Your instrument is ponderous and powerful, but not efficacious. Its force is worse than wasted on the living and distant parts. You might pound the patient to a jelly, before the splinter would come out. If you happen now and then to hit it, you are just as likely to drive it in. My instrument is small, but effective. The whole secret consists in applying

the force at the right point, and in the right direction."

Allopathia applies her force at the wrong point; Antipathia, in the wrong direction; Homœopathia applies hers at the right point and in the right direction. This *right direction* is the second reason why a small dose suffices. For the proof that the Homœopathic direction is the right one, I rely mainly upon the testimony of experience. When treating of the opposite laws of cure, I have shown that when we at first move the system a little, in nearly the same direction, the ultimate results are incomparably better than when we attempt instantly to reverse its motion.

There is no absurdity in this. Analogies are in its favour. Medicine is the small *guiding* force; nature the strong impelling power. Nature might impel to destruction, if medicine were not at the helm. The ship's course is not reversed by stopping the wind, or opposing it, but by using it. The pilot does not attempt to *back* his ship against the wind, but turns her about by moving a few moments, nearly in the same direction. Suppose it were necessary to bring back into port, a ship sailing directly away from it before a strong breeze: what would be thought of the captain who should keep the sails and the helm in their old position, and direct all hands to apply oars, and with all their feeble might,

paddle the ship back against the wind, stern foremost? I should infer, first, that he had been educated in the antipathic school; and secondly, that he had never read, that "ships, though great, and driven by fierce winds, are yet turned about by a very small helm."

Thirdly, The efficacy of a small dose—and the danger of a large one—is increased by the peculiarly *sensitive condition of disordered parts*. Suffering with a morbid action similar to that producible by the medicine, they possess a preternaturally acute sensibility to its influence.

It is unnecessary to illustrate and confirm this principle by examples. They are obvious and numberless. The scalded hand is pained by a distant fire, the inflamed skin by slight percussion, and the inflamed eye by light. The agents, which now with feeble intensity can severely aggravate the irritation, could, if applied with greater intensity, have originated the inflammation in the healthy parts. But the force which can barely aggravate the existing irritation, could not have irritated the parts when in their normal condition. That kind of irritant which, in the locality in which it acts and in the phenomena which it develops, resembles the cause of any disease, is found by experience to be its proper curative. The excitement which this, given in small doses, produces, is soon followed by

melioration of the disease, and ultimately by permanent cure. The dose administered on such a principle should be exceedingly small, and the action of such a dose, given under such circumstances, is not incredible.

We sometimes hear of men—in sound health—going into the chamber of a patient, and swallowing a *tumblerful* of a solution which a Homœopathic physician had left to be administrated in teaspoonful doses. This is a common-sense—that is to say—a shallow—argument against Homœopathy, by very green philosophers. Suppose such a man should visit a patient whose eyes were inflamed, and exceedingly intolerant of light. He finds him in a dark chamber, which has sixty-four panes of glass; but the patient declares, that it irritates his eyes to uncover a single one of them. The visitor declares this to be incredible and absurd; and proves to his own satisfaction the truth of his own position, by raising every curtain, and finding that his own eyes are not injured by the light. If the weak-minded and uninstructed should be gathered into a school of elementary science, the man who swallowed the sixty-four teaspoonfuls, should be placed in the same class with the man who uncovered the sixty-four panes. I know not his residence, but hope he will make it known before such a charitable institution is established.

The fourth reason why Hahnemann's small do-

ses are efficacious is, that the power of the medicine is developed or exalted by a *peculiar mode of preparation*.

The *three grand doctrines* of Homœopathy are : First, The law, *Similia similibus curantur*—Medicines relieve affections similar to those which they are capable of producing; Secondly, The doctrine of *dose*—Small doses are most safe and efficacious; Thirdly, The doctrine of *potence*—Medicines are peculiarly powerful after being subjected to sufficient friction or succussion with a suitable quantity of some inert substance.

These doctrines have naturally *grown* out of *each other* in the above order. The primary action of the medicine coincides with the disease, and aggravates it. Hahnemann, observing these aggravations to be severe, protracted and dangerous, gradually reduced the dose to a safe point. The determination of this was purely a matter of experience. New experiments were essential, experiments in the use of medicines coinciding with diseases. Alloëopathic and Antipathic experience, with medicines acting on sound organs to produce revulsion, or on diseased organs in direct opposition to the disease, could never determine the appropriate Homœopathic dose. From a revolution in the therapeutic law, emanated a revolution in doses. From this revolution in posology, emanated the grand discovery of potentization or dynamization. By the

doctrine of potence, as discovered by Hahnemann, I mean no physical theory, but only a generalization of practical facts in relation to the reality of the increased power manifested by medicine after having been subjected to Hahnemann's processes. After stating the facts, I shall attempt to give a theory.

When the one-hundredth part of a grain of an insoluble substance was to be administered, the most convenient method was, to mix one grain of it intimately with ninety-nine grains of an inert substance, like *saccharum lactis*, and subsequently divide the mass into one hundred parts. Water, or alcohol—which in minute quantities is almost equally destitute of medicinal properties—served a similar purpose in reducing the dose of liquids and soluble substances. The diffusion of one drop of medicine through ninety-nine of alcohol afforded a ready and exact method of administering the one hundredth part of the former.

But it was soon discovered that no rule of three, no simple doctrine of proportion, embraced the true theory of doses. The one-hundredth part of a grain thus prepared—instead of retaining only one-hundredth part of the power of the original grain—had a pathogenetic or symptom-producing power, not many times more or less than the whole grain, and a disease-curing power greater even than the whole grain. I state the law thus indefinitely, because the ratios differ for

different medicines; and, from the nature of the subject, cannot be determined with great precision for any.

Fortunately for humanity, there is one power of a drug which may be more nearly approximated by the doctrine of proportion, by the rule of three; and that is, the poisonous, the *death-producing* power.

Much of the scepticism that prevails among physicians in regard to the efficacy of small doses, arises from confounding the totally different laws which regulate *curative* and *poisonous* effects. If—as has been usual in the old practice, in many cases of severe disease—remedies were administered in doses which approached the extreme limits of safety, then to double *such* a dose might make the danger from its operation at least two-fold. Conversely, to reduce a poisonous dose by one half, might remove at least one half of the danger; but it by no means follows, that another bisection would abstract one half of the salutary efficiency. In the case of specific medicines—and this is the only class which Homœopathy recognises—the curative power diminishes much less rapidly than the dose, even in case of crude substances. Of this every old-school physician is aware, in regard to the alterative action of mercury.

That power is nearly proportional to quantity, is a proposition which might be entertained by

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the chemist or natural philosopher, by the mere *physicien*—the man engaged in considering physical and chemical properties or the mutual actions of inorganic matter—but not by the *physician*, the man conversant with medical properties, with actions on living bodies. In the mechanical and chemical arts, one pound or one grain of any substance has only the one-hundredth part of the effect of one hundred. The doctrine of the proportionality of power to quantity seems on a partial view to be confirmed by an experience almost universal. Hence the Hahnemannian discovery of the amazing efficacy of infinitesimal doses, has to contend with a general and deep-rooted prejudice, especially among those whose studies have been confined to the properties of dead matter. The immense power of infinitesimal doses is almost equally incredible to the physician, unless he has tried his medicines in the potentized form.

The preparation of minute doses led to attenuations—that is, preparations containing little medicine in a given bulk. The first solution or trituration prepared by the process above described was called the first attenuation. The second was prepared from the first, as the first was from the crude article. The original purpose for which the trituration and shaking were employed, was to produce a uniform diffusion. On trying these

preparations as medicines, Hahnemann unexpectedly discovered that they were peculiarly powerful. Hence they were called *potences* or dynamizations. Independently of all speculative reasoning, the experience of Hahnemann and other Homœopathic physicians has demonstrated, First: That a given weight of any drug in a *dilute* state, possesses a greater therapeutic power than the same weight of it in the crude or concentrated state. Secondly: That *Hahnemann's method* of diffusing a medicinal substance through a non-medicinal one, by successive steps or stages in regular progression, and with mechanical force, *developes more curative power* than is developed in an equally dilute mixture or solution prepared in the ordinary way.

Physicians of the old school have made observations confirmatory of the former proposition, especially in relation to *mineral waters*. Prof. Däubený, of the University of Oxford, alludes to the unquestionable efficacy of certain mineral waters in England, in connection with the fact of their containing only one grain of iodine in ten gallons of the water. He adopts an extremely improbable and unscientific hypothesis, viz., that the iodine imparts its qualities to the other substances with which it is associated.

The truth that Hahnemann's processes are peculiarly efficient in the development of medicinal power, is established by the experience of

thousands of intelligent and scientific physicians, who have had a thorough and practical acquaintance with the old medicines and the old method of treating diseases. Believing that theoretical objections prevent many from testing Hahnemann's potences, I shall attempt to give a

THEORY OF POTENTIZATION.

My view, expressed in the most general terms, is, that *Hahnemann's process develops the power of a drug by effecting a comminution*, and in no other way. This is the whole secret of that incredible power which experience proves his preparations to possess. Trituration and mixture with *saccharum lactis* promote this development, just so far as they promote comminution, and no farther. The successive steps of centigrade dilution promote this, by subjecting every particle of the medicinal substance to the mechanical, tearing-asunder operation of the non-medicinal one. One man, by Hahnemann's process, can, in a single day, effect a greater comminution of a substance, than could have been effected in a *direct* mixture and trituration, by the combined labour of the whole human race continually operating since the creation of Adam. The labour that built the pyramids is nothing in comparison to that of preparing even the eighteenth potency by such a process, that is, by thoroughly triturating one grain with a sextillion of grains.

By Hahnemann's process, the eighteenth 'trituration is prepared by one man in eighteen hours, one hour being sufficient at each stage for a thorough trituration.

The whole world could not divide a medicinal powder so minutely, either by triturating it with one mass of *saccharum lactis*, or by triturating it by itself. For in the first case, the labour would be enormous on account of the bulk. In the last case, the comminution would attain a limit, and the medicine would be left coarse compared with Hahnemann's.

To triturate one grain of medicinal powder with ninety-nine grains of a hard inert powder, like *saccharum lactis*, effects not merely a wider separation of its original component masses, but a *division* of those masses, and a division more minute than would be practicable by any amount of trituration of the medicinal powder per se. In subjecting one grain of the resulting powder to a similar operation with ninety-nine grains of *saccharum lactis*, in order to obtain the second trituration, we render the groups of medicinal molecules still smaller than in the first trituration. In forming still higher triturations, a reduction in the size of the groups of medicinal molecules must be effected by each successive operation.

The philosopher will not find it difficult to believe, that this division of the medicine might

take place many thousands of times, without reducing it to the indivisible particles—the proper atoms—if such exist.

As part of my theory of potentization, I shall propose a new

THEORY OF TRITURATION AND SOLUTION,
showing the limit of the subdivison effected by these processes, and the principles on which the limit may be indefinitely extended.

If any coarse and dry substance is triturated by itself, it will continue to be permanently divided and subdivided to a certain, but limited extent. For beyond that, the blow would either leave the parts so near each other, that they would instantly reunite by the power of the cohesive forces and again become one solid body, or it would drive these newly separated parts against others or against each other, and effect their union by bringing them within the sphere of cohesion.

If a flint stone were pulverized in a mortar, it would at length become so fine, that some of the finest of these invisible flint stones would, after any farther division, be soon reunited. All that would be necessary for their reunion and the restoration of their previous hardness, would be, to bring the parts or their mutually attractive poles, as near to each other as they had been before their separation; for the strength of their cohesion depends on the degree of their proximity.

The approximation and union of some of these smaller than microscopic pebbles, would be promoted by the pressure of the pestle: the same blows that severed some, would unite others, so that the average size of the parts would remain unchanged.

I have referred to poles, believing that the cohesion of all atoms and of all groups sufficiently small, depends on polarity and is a crystallizing force, and probably magnetism itself in its most elementary form. But similar principles apply to my theory of comminution, and similar language may be employed, whether we regard the cohesive force as residing on all sides of the groups, or only at certain poles. For if a group were surrounded by many others within its sphere of cohesion, some of their poles would be in a position favourable to union, and others be brought into that position by rotation, as would be the case with a multitude of small magnets thrown together promiscuously.

In experiments with the solar microscope, many years since, I saw, and exhibited to the Senior Class of Union College, thousands of instances of rotation, attraction, and induction, in the crystals of camphor formed from the tincture placed on a small plate of mica and exposed to solar radiation. When the sky was very clear and the radiation intense, the phenomena became confused by the rapidity of the crystallization,

and it was necessary to dilute the saturated tincture with about five times its bulk of alcohol, in order that these phenomena might be exhibited in all their distinctness and beauty. Thin clouds permitted the use of the undiluted tincture, and intermediate states of the sky required intermediate degrees of dilution. A description of these interesting phenomena was given in the "Report of the Regents of the University of the State of New York, for the year 1836," pp. 207 to 209. I here refer to them as evidence of the polarity of minute groups.

In resuming the consideration of pulverized flint, let us suppose the powder had attained such an extreme degree of fineness as can be given to it by a process which I shall describe, and let us suppose that it could be separated from other substances and subjected in mass to the blows of the pestle; the effect would be like that of pounding a quantity of clean leaden shot: we should stick them together in large masses. If we had a sufficient quantity of such a powder confined in a cylinder and pressed by a piston, we could probably unite it all into one flinty rock, perhaps defective in hardness at some points from want of the requisite position of the poles.

I have taken an extreme case, in order to facilitate the conception of the principle on which the limitation to comminution in the ordinary process of pulverization depends. The powder

of any substance, pounded or rubbed by itself in a mortar, would attain a limit of fineness, beyond which its subdivision could not be carried by the combined labour of all mankind operating in the same way through all ages.

A sliding motion of the pestle enables us to go a little farther before we reach this limit, not only because it subjects small isolated masses more directly and efficiently to the dividing force, but because it allows fewer opportunities for the reuniting force of cohesion to come into play, by keeping the newly divided parts at a greater distance from others already divided. But in this mode of operating, also, the limit will be as surely reached as in pounding. For when a certain degree of fineness has been effected by this rubbing process, the stratum of powder beneath the pestle will either be so thin as to elude its dividing action, or so thick that the number of parts which are pressed against each other by its strokes and reunited, will equal the number divided by the same strokes. At this stage, the comminution will cease; and the trituration, ever so skilfully conducted, and carried on forever, could not reduce the powder to any greater degree of fineness.

Is there any way in which this limitation may be obviated, and the fineness of the powder indefinitely increased? Yes: it may be done by successive mixtures with some other substance,

using thorough trituration after adding each portion. This method is of universal application; yet for the sake of convenience and precision, I shall assume particular substances and a particular proportion. Suppose a flint powder to be rendered as fine as it is possible to make it by rubbing it per se; and suppose one grain of this to be triturated with ninety-nine grains of ordinary loaf-sugar, or of the harder—and therefore better—non-medicinal substance, sugar of milk. Suppose, by means of stirring with a spoon or spatula, the flint powder be intimately mixed with the pulverized sugar, so as to be uniformly distributed through it, before the trituration is commenced: [This is not requisite in practice, but simplifies the investigation.] Then each of the microscopic flint stones is surrounded by ninety-nine times its weight of sugar, which keeps them at nearly five times their former distance from each other, as estimated from centre to centre. What is the consequence, if trituration be commenced under these circumstances? A new and far more minute division must result.

The sugar serves two purposes, viz., first, to divide the flint; and secondly, to keep it divided; it contributes both to effect and preserve the division. It serves the first of these purposes in more than one way. First, it aids division by mechanical collision, when driven against the

flint by the pestle. It in this way aids the fracture; as the stroke of one body may often be made to break another though harder than itself. Thus a quartz pebble can be crushed between two large pieces of marble, and a still smaller one between two large pieces of sugar of milk. The advantage given by magnitude, suggests that the sugar employed will be more effectual if selected in a state coarser than that of the harder powder which it is employed to comminute. In later stages it will necessarily have this advantage. Secondly, the sugar may aid the division by its affinity, its attraction for the flint. Thus whilst some of the pieces of hard sugar are acting as hammers and wedges, and tending to separate an intermediate piece of flint into two pieces, other pieces of sugar, situated in the line in which the fragments of flint when divided tend to move, may by their affinity draw the fragments in the direction in which the other pieces of sugar push them, and thus both kinds of force conspire to effect their separation.

Having hitherto considered the direct agency, I now proceed to the indirect; viz., the promotion of farther division by keeping separate the parts already divided. The sugar favours comminution by keeping the pieces of flint at a distance from each other, and thus preventing that reunion which would be continually taking place in the parts of the pure flint powder pressed against

each other by the pestle. The parts when once divided, are by the interposition of the sugar prevented from again coming within the sphere of mutual cohesion, until the subdivision has been carried to a much greater extent than would have been practicable in triturating the flint by itself.

A limit will, however, be ultimately reached, even under these circumstances. As the subdivision continues, the mutual distance of the pieces of flint diminishes, and some portions are ultimately brought again within the sphere of cohesion, and made to unite by the same strokes of the pestle which divide others. When the number united by each stroke equals the number divided by the same, the fineness can no longer be increased by continuing the friction.

The only way in which the fineness can be increased, is by another mixture. If a grain of this powder is mixed and triturated with ninety-nine grains of hard sugar, like that previously employed, a still more minute division of the flint is effected; but, for the same reasons as in the preceding case, we ultimately reach the limit, beyond which it is impossible to pass without a new mixture or dilution. By the continued repetition of operations similar to those above described, an inconceivable degree of comminution may be effected.

We may not be able to determine theoretically

the number of subdivisions which are practicable at each stage. But if subdivision did not affect the intensity of cohesion, and if the division were already carried so far, that the magnitude of each piece was so small compared with the magnitude of its sphere of cohesion, as to produce no sensible influence in the estimate, then it would appear from the theory above given, that the maximum comminution at each stage would be in the ratio of one hundred to unity. So that flint, silix, gold, mercury, or any other substance prepared in this way with sugar or *saccharum lactis*—or some other suitable substance—would, at each succeeding stage of the process, be divided into parts, all of which would be one hundred times as numerous, and each of which would be the one hundredth part as large as the parts in the preceding stage. This increase in the number, however, supposes that every grain of the preceding one hundred is subjected to a similar operation. If, as before supposed, only one grain at each stage is taken from the hundred and subjected to this operation, then the parts of each trituration will be equally numerous, but increase in fineness at each stage in the ratio of one hundred to one; and a grain of the thirtieth trituration of gold would contain as many minute pieces as a grain of the third trituration.

But I am convinced that the intensity of some

properties of substances is greatly increased by comminution. If the sphere of cohesion is thus increased, the maximum comminution will fall below the above estimate. I believe that in practice the comminution will fall below it, not only for the above reason, but also because the trituration, though continued sufficiently long to bring most of the parts to the minimum size, will be discontinued before every part is equally reduced.

Hence microscopic observations are liable to lead to erroneous conclusions. Dr. Mayerhofer has seen scores of millions of pieces of metal in a single grain of the sugar with which it had been triturated to form the third trituration. The number varied with different metals. From the considerations which I have above stated, as well as from others, I am convinced that the number of invisible pieces far exceeded the number of visible ones. Those only were seen which had escaped the full effect of the dividing forces. The minimum groups in the third trituration are not objects of microscopic vision. From the wide range of magnitude in the visible pieces, as well as from the appearance, on close inspection, of pieces at first invisible, Dr. M. justly concluded, that in the first trituration of precipitated gold, "the metal is divided into particles so small as to be invisible under a glass magnifying 14,000 times." He "examined the fourth trituration by

a power magnifying 90,000 times, and it was evident that the diminution of the particles progressively increased; the smallest gold molecules appeared yellow, and the metallic lustre was not to be mistaken." The diminution here refers to the visible ones. As the conclusions which I have drawn in regard to the facility of reunion, the limit of comminution, and the intensity of properties, refer to those more numerous groups which are so small as to be invisible by the most powerful microscope, it would be impossible either to establish or refute them by microscopic observations.

The above method of trituration has great advantages for effecting a minute division of substances. I have shown, that in order to triturate a substance to powder of a certain degree of fineness, it is necessary to mix it with a sufficient quantity of some other substance; and that the requisite quantity of this admixture increases with the fineness required. Such a degree of fineness can be specified, as would render the labour of comminuting a single grain impracticable, even if the requisite amount of material for the admixture could be obtained. The labour of the whole human race operating through all ages since the creation of man, could not thoroughly triturate a single grain of one substance with a decillion grains of any other substance. Yet the same degree of fineness as would be effected by

such an operation may be effected by one man in thirty hours, and with scarcely three thousand grains of auxiliary material. If we suppose him to commence with one grain of the substance to be comminuted, and allot one hour to each of the thirty stages, the resulting powder would contain a portion of the original grain, in a state of fineness equal to that in which the whole grain would have existed in a decillion grains equally well triturated.

The above theory is original; but this process of trituration is not. Most persons who have practised it, have not considered the only direct object of it to be comminution; and if any have, they have not explained, on physical principles, the mode in which it is effected, nor the limit which we encounter by the ordinary process, nor the peculiar advantages of this process in avoiding that limit.

I shall not here state particularly the effect and ultimate object of the comminution effected by the above process. In my opinion it must develop a species of magnetism, and the minutest pieces thus obtained must be intensely magnetic. As a branch of physical inquiry, this subject has especial interest at the present time, when the attention of philosophers is becoming more and more directed to molecular forces, and the peculiar properties of small masses. The recent experiments of Sir G. C. Haughton have afforded

new evidences of the identity of molecular magnetism and cohesion, and new proofs that all bodies are magnetic when they are rendered sufficiently small. * What intensity of magnetism may not be expected in bodies as minute as those which can be suspended fifty or a hundred miles above the earth's surface, in air so rarefied as to be incapable of reflecting any sensible quantity of solar light! I believe this intensity to be far more than sufficient to compensate for the reduction of the quantity of ponderable material, and to be adequate to the production of the most brilliant aurora borealis. In this case there is probably a crystallization, a change from the fluid or aeriform state to that of minute solids, whose magnetism ultimately becomes latent after aggregation in larger masses.

I believe it to be a general law of nature, that certain properties possessed by small groups of molecules, are masked or rendered latent by the proximity of a sufficient number of similar groups; and that, conversely, properties or powers are developed by the division of substances.

It would seem that bodies rendered so inconceivably minute as they can be by the process of trituration above described, must possess a most intense magnetic state, although their circumstances are evidently such as to preclude the ap-

* Lond. and Edin. Phil. Jour., for June, 1847.

plication of the ordinary tests. I shall presently refer to the only known mode of testing the power of such preparations—a mode which involves physiological and professional considerations. To those natural philosophers who are not disposed to examine the subject in that manner, I would submit the above mechanical explanation of the comminuting process, trusting that some of them will consider the subject interesting as a branch of physical investigation.

In investigating the principles of comminution, for the purpose of explaining the efficiency of Hahnemann's potences, I have, hitherto, not specially adverted to the distinction between *liquid* and *dry* preparations. We find repeated solution with succussion, and repeated mixture with trituration, to develope similar powers, and have reason to believe the principles similar. *As a part of the theory of potentization*, I shall attempt to give a

THEORY OF SOLUTION.

It is generally believed, that the simple solution of a medicine, effects the minutest division of it which is practicable, and that no dilution of any dissolved substance, can divide its parts into parts still smaller. In calling in question the correctness of this notion, I am aware of the strength of the *prejudices* to be encountered—prejudices both of the senses and intellect. For

deciding such a point, there is no adequate delicacy in human vision nor in the instruments of physical research; nor is the human mind so constituted, as to be capable of any adequate conception of the minuteness of ultimate atoms, or of the infinite diversity of magnitude existing among infinitesimals. When a body is divided into parts so small as to elude microscopic vision and our most delicate tests, it is difficult to conceive of any farther division. Yet these parts may still be divided such an inconceivable number of times, that we may call the number infinite. The change thus produced in a medicine may be appreciated by means of those nerves on which it has a specific action, but not by means of any instrument less delicate.

The unparalleled *sensibility* of these nervous electroscopes or pharnascopes, is exemplified in the powerful action of some Homœopathic solutions, in which the chemist, with his comparatively coarse—but in his own estimation most delicate—tests, can detect no medicine, and in which he could detect none, were they concentrated millions of millions of times. Yet millions of persons, including Homœopathic physicians and their patients, have repeatedly experienced the efficiency of such attenuations. The number, competency, integrity and unanimity of the witnesses, are such as would secure the reception of their testimony on any other subject.

If we can sufficiently divest our own minds of the prejudices of the grosser senses, let us imagine a saturated aqueous solution of any salt, to consist of hard, solid masses of salt, suspended at equal distances in the water, which exceeds the salt in quantity. Each mass of salt consists of innumerable particles. It is impossible to make them smaller, either by the continued action of the affinity of the water, or by any mechanical force, whilst the *quantity of water* remains the same. If they were sundered, they would instantly reunite. For, any division of the solids into smaller solids, would diminish their mutual distance, and consequently increase their mutual attraction; whilst the quantity of water which surrounds each mass is diminished in quantity, and hence has less attractive force to resist the reunion of the solids, than it had when they were in larger masses; and even then it was but just sufficient to keep them separate. Therefore any division would be followed by instantaneous reunion, both on account of an increase in the cohesive forces, and a diminution of affinity.

Another piece of salt cannot be dissolved in the water, for the same reason that the pieces already in it cannot be divided; that is, the saline masses cannot be suspended within a *given distance*.

Heat expands the liquid and increases the solvent power, partly by weakening cohesion,

and partly by removing the solids to a *greater distance* from each other, so that new solids may be received. Either evaporation or cold reduces their distance and effects their reunion and precipitation.

Thus the hypothesis of a suspension in complex groups, each consisting of numerous particles, is in strict accordance with the known phenomena of solution.

It is also analogous to the doctrines of modern *chemistry* in relation to the union of molecules in all compounds. Simple molecules unite to form compound ones; and in many instances it requires the union of many atoms of each constituent to form the smallest possible particle of a given compound. In the most attenuated solution, this compound, as it is not decomposed, must exist in groups which are large compared with atoms. For convenience, I use the language of the atomic theory: upon the truth of this, however, my hypothesis does not depend; any more than the truth that the great constituents of the universe are arranged in groups, depends upon the solution of the question whether the division of matter must ultimately attain a limit, or whether even the moon is or is not an atom.

Astronomy presents facts analogous to those supposed in the above theory of solution. The worlds of the universe are separated by large interstices. Two nebulæ may appear to our eyes

as homogeneous as a solution; and yet each is a group of solar and planetary groups, whose mutual distances are inconceivably great compared with that of the planets of each group, and yet inconceivably small compared with the distance of the nebulae. A nebula is a single body, in a truer sense than are two stars of different nebulae. The solar system is one thing in a stricter sense than are two planets of different systems. So I have referred to the groups in a solution as bodies, because widely separated as compared with their components. It is possible that there may be included in each group—as there are in a nebula—different orders of groups, which determine the points of easier division. We know that to be to a certain extent true in chemical compounds, as solution does not divide them in all parts indiscriminately, else it would destroy their peculiar chemical properties.

I have hitherto considered saturated solutions. Before proceeding to attenuation in any higher sense, I will—for those who may not consider the subject too dry, and who desire the most precise ideas—explain more fully some of the molecular actions above referred to.

What is cohesion? When are molecules united in one group? When is the group divided? In what sense is medicinal power at the surface?

Cohesion is attraction between bodies or particles of the same kind at insensible distances. In

molecular action, I make no attempt to distinguish the cases in which polarity is manifest, as in crystals; for all cohesion may depend on the polarity and even the magnetism of molecules.

If a group of atoms exists as a little solid body in a solution, and we are able, by adding more liquid to break it into two groups or bodies, in what sense are they two until they get beyond the sphere of cohesion? If still in contact, they are one group. In the mechanics of infinitesimal bodies, we must use the term contact in a stricter sense. The contact of the infinitesimal solid parts of a solution, is such a degree of proximity as excludes the solvent liquid.

The view which I take—and which is calculated to remove one of the greatest obstacles to the reception of Homœopathic truth—is, that the ultimate particles of a dissolved medicine are not separately invested with the menstruum or solvent liquid, but united in hard and complex masses—masses which, in a saturated tincture or solution, are of great magnitude and little activity, when compared with those in Hahnemann's attenuations. The free medicinal agency resides exclusively at the surface of the group, the latent at the surface of each particle. I make no attempt to decide, whether the medicinal power is or is not a modification of electricity or magnetism; or whether, like the former, it resides on the whole surface, or, like the latter, on certain parts. On either sup-

position, division will have a similar effect in increasing the extent of active surface. Electricity and magnetism are known to be in one sense identical, but to avoid circumlocution they are referred to as distinct.

You will readily anticipate the application of the above principles to *attenuations*. When a drop of pure tincture is shaken with ninety-nine of alcohol, the newly added alcohol exerts its affinity as an antagonist to the cohesion of the solid medicinal groups, and effects their dismemberment to a greater extent than was possible in the primary solution. This process commences instantly, before the diffusion is complete. But to simplify the investigation, let us suppose the drop to be uniformly diffused before any disintegration of the groups commences. The groups would be at nearly five times their original distance, and each group would be surrounded by one hundred times as much alcohol as in the primary tincture. This state of things could not remain a moment; especially if the disruptive power of the affinity of this increased quantity of alcohol, were aided by a mechanical succussion, as strong as that to which the tincture had been subjected. For the equilibrium before existing between cohesion and affinity, will be disturbed by that increase of the latter which results from the increase of the liquid; and the suspended solids will each be sundered into numerous smaller solids. But it is not divided

into its smallest particles; nor could it be by the most violent succussion. The vibrations caused by jars, transiently increase the distance of some particles of each group and approximate them to the liquid, and thus give affinity a preponderance over cohesion. In this way succussion aids division. But to carry division by this means beyond a certain point, effects no permanent change; as the particles will instantly reunite by the preponderance of cohesion over affinity.

As subdivision is effected on a similar principle by successive dilutions, it is unnecessary to pursue this subject any farther.

Division is effected and power developed on the same principle as in dry preparations. The affinity of the liquid enables us to dispense with part of the mechanical force: yet all that I have said in regard to the relative labour of comminuting by Hahnemann's method as compared with any former one, applies equally to liquid preparations.

I have now demonstrated, that by Hahnemann's processes, substances, whether dry or dissolved, may be reduced to a state of fineness unattainable by any other method.

WHAT EFFECT MAY SUCH DIVISION PRODUCE IN THE PROPERTIES OF A SUBSTANCE?

This is an inquiry interesting both to the physician and the philosopher. The philosophers of future times will gratefully acknowledge their

obligations to Hahnemann, for opening this new field of investigation. It is the destiny of Homœopathia, not only to effect a glorious revolution in the art of healing, but to lead to new views of the constitution of matter. She is to become the hand-maid of physical science, as well as the mistress of practical medicine. Should the great thinkers and experimenters of the age, be once prevailed on to give to the alleged facts of Homœopathy that serious consideration, and that practical examination, which the testimony now existing in favour of its alleged facts, would induce them to give to any accredited physical science, and should they ponder upon the physical aspects of this new science, a vast amount of curious truth in regard to the laws of molecular action might soon be elicited.

Most physicians have practically accorded some virtue to *comminution*. Else why do the pharmacopœias direct a small quantity of opium and ipecac. to be triturated with a large quantity of sulphate of potash, a salt which they regard as inert, but valuable in *Dover's powder*, by its hardness, in effecting the comminution of the opium? They have not so distinctly acknowledged its value in the comminution of the ipecac., nor reflected on the mechanical importance of great mass in the disintegrating agent. But still, they are generally satisfied, that there is some peculiar charm in this *pulvis ipecacuanhæ compositus*,

and that its effect is very different from that of its components, separately triturated and simultaneously administered.

The old *Materia Medica* furnishes a striking instance of latent power developed by comminution, in the instance of *mercury*. Quicksilver, or pure mercury, when in mass, is acknowledged by the old school to be an *inert* substance, and when swallowed by ounces, to produce, usually, no other than a mechanical effect.

Yet this inert substance is the active ingredient of the *pilulæ hydrargyri*, the blue pills. Latent mercurial power is here developed, by triturating the mercury with two or three times its weight of conserve of roses, or some mixture containing sugar, starch or mucilage. The mercurial globules are rendered invisibly small; and this minuteness is the secret of their activity.

The same explanation applies to those few cases in which some mercurial effects have been detected after the use of large quantities of the pure metal in mass. It is easy to believe that a certain portion might become *comminuted in the stomach* or intestines; especially since it has been discovered, that saline solutions, when placed in a bottle with mercury, divide it into globules. These are coarse compared with our potences, but vary in size with different salts, as hydrochlorate of ammonia, nitrate of potash, &c.

Even on the supposition that oxidation could

take place in forming blue pill, the principal or only cause of the activity would be comminution; as is evident from the similarity of the different mercurial preparations, when given in small doses—the only case in which the proper specific effects can be eliminated and determined. Even the old-school physicians give blue pill, calomel and corrosive sublimate, almost indiscriminately when they aim at proper mercurial effects, by means of small doses. If so active an agent as chlorine is not capable of masking or essentially changing the mercurial power, what could be expected of three or four per cent. of oxygen, except to favour the comminution? In regard to exaltation of proper mercurial power—exclusive of caustic, cathartic and other extraneous properties—chlorine can act on no other principle. In the smaller doses and higher attenuations of the new school, the similarity of different mercurial preparations is still more manifest, even with that nice discrimination of medicinal properties which is peculiar to Homœopathy. The old school uses mercury much oftener, but knows much less about its medical properties.

Where is the evidence that the mercury of blue pill is oxidized? What chemist has detected the oxygen? If it existed, chemistry could separate and exhibit it. No one has pretended to do this. The pharmacutists can urge nothing but *presumptions*. Murray says, “There is every reason to

believe that an oxidation of the metal is effected, and that the medicinal efficacy of the preparation depends on this oxide. Quicksilver, in its metallic state, being inert with regard to the living system, the activity of the preparation itself is a presumption of this; but it is farther known, that by agitation with atmospheric air, quicksilver affords a portion of a gray powder, soluble in muriatic acid, and which must therefore be an oxide, metallic quicksilver being insoluble in that acid." These are his reasons. They are founded on two false assumptions: the first, that the comminution of a substance can have no effect on its medicinal activity; the second, that comminution can have no effect on its solubility. At the same time he inconsistently alleges, that it is sufficient to effect its oxidation, even when the parts are "divided by the interposition of any viscous matter." If comminuted globules, when perfectly naked, cannot be dissolved in a powerful acid, what reason is there to suppose that when enveloped in a viscid substance, almost impermeable to air, they can readily combine with atmospheric oxygen? One would suppose such an envelopment an awkward expedient for effecting their oxidation.

The *colour* of blue pill affords no evidence of oxidation. Colour, in numberless other instances, depends on division and mode of aggregation, without any change of composition; as we see in substances chemically identical, such as snow

compared with water, and charcoal compared with diamond. Again, the discoloration of mercury is not proportional to the duration of exposure, but to the amount of friction, and commences almost instantaneously when the first attenuation is formed by a rapid machine. Such should not be the facts, if the discoloration depended on oxidation.

That mercury *will* in certain cases produce its specific effects *without oxidation*, is the opinion of the latest and most respectable writers on *Materia Medica* and Chemistry. Pereira relates that the *vapour* from several tons of mercury in the hold of a vessel, salivated two hundred men, and destroyed all the dogs, sheep and poultry on board, and even the mice. He says, in opposition to those who had supposed an oxidation, that he "believes with Buchner, Orfila and others, that metallic mercury, in the finely divided state in which it must exist as vapour, is itself poisonous."* Here is a distinct recognition of the power of pure mercury to produce the specific effects of blue pill. That these effects were poisonous, was owing to excessive dose. Hahnemann has taught us how to develope curative power by a still finer division, and to cure the most violent disease in a man, by a dose that would not injure a mouse. Pereira, in another passage, with some inconsistency refers to the occasional effects of masses

* Pereira's *Materia Medica*, p. 585.

of mercury in the bowels as resulting from oxidation. The Homœopathist, who knows how small a quantity will act, will find no difficulty in attributing them to partial comminution; especially as there may be present some saline or other substances which conduce to the detachment of globules.

Graham, one of the highest and latest authorities in chemistry, alludes to one kind of medicinal mercury which is demonstrably a pure metal, and to mercury triturated with fat, syrup, &c.—as in forming mercurial ointment and blue pill—as undoubtedly existing in a state of *division merely*, and not of oxidation. The passage is this: “The salts of the red oxide, are reduced to the metallic state by copper and more oxidizable metals, and by the proto-compounds of tin. The precipitated mercury often presents itself as a gray powder, in which the metallic globules are not perceived, and remains in this condition while humid. Mercury in this *divided state* possesses the *medicinal qualities* of the milder mercurials, and has often been *mistaken for black oxide*.” * * * * “There can be *no doubt* that it is in this *divided state*, and *not* as the *black oxide*, that mercury is obtained by *trituration* with fat, turpentine, syrup, saliva, &c., in many pharmaceutical preparations.”*

* Elements of Chemistry, by Thomas Graham, F. R. S. L. & Ed. p. 448.

The gray powder above alluded to, will run into liquid mercury when the water evaporates. The invisible globules require for their permanent preservation a coating less volatile, as oil. This is a proof that the oxidation of mercury does not readily take place, even in this state of minute division. This also teaches us the actual function of viscid substances, in the blue pill mass, and unguentum hydrargyri. It is, to divide, and keep divided.

Hahnemann's process effects and preserves in the globules, a separation which is wider compared with their diameters, and a division inconceivably more minute, and consequently enhances—to an extent never before conceived of—their salutary energies.

If physicians in all ages had given mercury in no form but that of undivided quicksilver, and in half-pound doses, they would at this day ridicule the man, who should pretend that he had seen powerful alterative effects from the occasional repetition of three or four grain doses of blue pill, each containing one grain of divided mercury. We can conceive with what sincere contempt, those old-school, half-pound prescribers would have viewed such pretensions, when put forth by a few individuals, and with what affected contempt, and half-concealed indignation, when the new doctrine and practice were rapidly overspreading the civilized world. They would say,

"It is contrary to the experience of thousands of years, to all analogy, to all reason. Away with your transcendental, infinitesimal nonsense! It is well known that mercury acts only by its mechanical properties—its fluidity and weight. Half a pound will force its way through the bowels, will remove obstructions and purge off the vitiated secretions. You will never clear the system by your grain doses."

To many a conservative champion of old drugs, we might say, 'This is your portrait, and no caricature. "Name changed, the fable speaks of thee." You ridicule the alleged power of Hahnemann's comminuted mercury, simply because you and your predecessors have never tried mercury in a state of more minute division than that in which it exists in blue pill, or in *hydrargyrum cum creta*. If you have developed latent power, by reducing it to globules of a certain degree of minuteness, why may not he have increased the power on the same principle, by rendering the globules still smaller? What you have imperfectly done with mercury, he has done to an extent inconceivably greater, with all his medicines. Your most comminuted medicines are coarse compared with his.

Some have gratuitously alleged, that Hahnemann's doses may answer for Germany, but not the United States. It seems that, according to

some undiscovered facts, or for some unspeakable reason, the excitable Americans require large doses.

Others have argued, that the small doses can have little effect in Germany; because a man in that country once swallowed a jack-knife, and was not killed by it. As the allegation of the first party is on a par with the argument of the second, I leave them to settle their dispute, so far as it relates to medical geography.

If I may be pardoned for treating the last party's argument with all the seriousness with which it appears to have been offered, I would say: It has three fallacies. It confounds mechanical and vital effects, regarding them as varying in the same ratio; it confounds hurtful and curative effects, regarding them as varying in the same ratio; and it confounds the effects of fine powders with that of dense masses.

We might say to the whole class of similar reasoners: The pebbles in a turkey's gizzard are infinitely less coarse, compared with your medicines, than yours are compared with ours. We find finely divided quartz, i. e., silicea, to be a powerful medicine. You deny it for no better reason, than that its *coarser* forms are insoluble and inert. You appreciate only the chemical composition, and neglect the mechanical condition. Your blind and headlong philosophy jumps to a conclusion over the wide gulf that separates the

massive integral from the inconceivably comminuted.

That doses of Hahnemann's attenuated medicines possess inconceivably more power than equal quantities of crude substances, is demonstrable by *experience*. This truth can never be shaken by any theoretical objections, or any inability of its advocates to explain its reasonableness. If nature presented nothing analogous, this one fact would still stand unshaken. But there are

REASONS WHY COMMINUTION SHOULD DEVELOPE THERAPEUTIC POWER.

To break a body into fragments increases its *surface*. This augments with every succeeding fracture. A pebble of a grain weight has an immense^s surface when reduced to an impalpable powder, by simple friction in a mortar. But were it converted into some of the high, and inconceivably fine, preparations, by Hahnemann's process, the stony surface alone, independently of the sugar, might exceed the surface of the globe we inhabit.

The old-school physicians know nothing of the effect of such expansion; they can allege no experience. They cannot deny that such expansion may develop valuable properties in silex and other apparently inert substances, and render active drugs infinitely *more medicinal*, and infinitely

less *poisonous* than in the crude state in which they administer them.

Philosophy can allege no reason against this developement, exaltation or modification of properties. *Physical science* presents many *analogous phenomena*.—A plate of mica is rendered electrical, by splitting it into thinner laminæ. The free electricity of a body is confined to the surface. The interior contains none. A hollow prime conductor can receive and retain as much free electricity as a solid one of the same superficial extent. The quantity of electricity which a given body can receive may be indefinitely increased. When a large solid ball is divided into smaller ones, much of what was interior becomes surface, and the same weight of matter can receive more electricity. A magnetic bar has no apparent magnetism in the interior, and none at the middle of its surface; but when broken in the middle, it there becomes magnetic, instantly and spontaneously. A collection of small bars at some little distance from each other, is susceptible of being rendered more powerfully magnetic than one large bar of the same weight; in other words, small magnets can be made more powerful than a large one of the same size as the small magnets taken collectively.

I would recommend these analogies, as “aids to reflection” for those closet speculators, who, averse to the labour of Homœopathic experiment

and the light of direct observation, are sitting quietly in their shady rooms, pondering over the a priori improbability of naked facts, and, after the legitimate period, bringing forth the conclusion, that to make power out of littleness, is contrary to all reason and analogy.

A bundle of rods has been regarded as an emblem of associated strength. But mechanical notions might often mislead in physics and therapeutics. In drawing off the electricity of a prime conductor, a single wire directed toward it at a certain distance, may have a hundred times as much power as a compact bundle of thick wires. The single point is put in a favourable state by induction; but the neighbouring points, by counter-inductive influence, mutually tend to *neutralize the action* of each other. The electroscope shows a striking contrast between the power of a solitary point, and the comparative inefficiency of many. But when the wires of the fasciculus are widely separated, and presented simultaneously, they no longer occasion this mutual neutralization, and their combined efficiency will be found to have increased a thousand-fold or more, according to their number and mutual distance. The round numbers above employed are not to be understood as the result of any calculation. Instead of exaggerating, they are far within the limits of what could be realized.

The above facts in relation to pointed conduct-

ors, and the neutral zone of a magnet, show that certain *properties* possessed by small groups of molecules are removed, *masked*, or rendered latent, by the *proximity* of similar groups. They show that properties or powers are created or *developed* by the *division* of substances, or the separation of the parts of a mass, and again destroyed or rendered latent by the reunion of those parts.

I believe this physical principle to be extremely comprehensive and important in its applications, and to afford a key to the explanation of that astonishing developement of power which takes place during the preparation of Hahnemann's attenuations. In the crude state of drugs, the medicinal power of any particle of the drug is weakened or annihilated, by the presence of many similar particles in its immediate vicinity; the particles at the *surface* being the only ones which are not thus surrounded, and consequently the only ones which possess *activity*. If a medicinal drug is by solution divided into molecules sufficiently small to be admissible into the smallest bloodvessels, and is in that state introduced into the blood, and glides along the inner coats of the vessels, making its specific electrical impression on the nerves, I believe it would be only the superficial parts of each molecule that would exert any action. The interior parts would be powerless, like the interior of an electrical ball or the middle of a magnetic bar.

This want of action would not be from want of *contact*. If absolute mathematical contact were requisite, no particle of matter could ever act on another. Neither nature nor art has ever brought two particles of matter into strict and absolute contact. That degree of proximity which produces repulsion, cohesion, affinity, or any other physical, chemical or vital action, that is not manifested at sensible distances, is called contact. When we bring the hand so near a body as to feel repulsion, we say it is in contact. This case affords man his primary idea of contact. When two polished leaden balls are by mutual pressure made to cohere, we are sure there is contact, because we felt repulsion, both prior and subsequent to the coherence. Yet there is no absolute contact in these cases. By a still stronger pressure, the hand may be brought still nearer the ball, the balls still nearer each other. All action is at some distance, though that distance is sometimes infinitesimal.

The surface of a medicinal particle may act when within a certain distance of the nerve; the whole interior might be inert, though it were brought much nearer the nerve than the surface is when the surface acts.

If this is so, it explains *why division gives power*; for it gives greater surface. If we reduce the diameter to a thousandth part, we in-

crease the total surface a thousand-fold, if to a millionth a million-fold, &c.

Of all artificial methods of minutely dividing matter, that of Hahnemann is the most efficient; and effects a comminution otherwise unattainable by art. Why then is it incredible that it should have developed powers never before dreamed of? Who can say that if ponderable matter were made sufficiently fine, it would not exhibit as astonishing powers as light, caloric or electricity? Who can say that these imponderable agents do not derive their activity from that very circumstance?

The higher attenuations are, in one sense, *imponderable* agents. Their medicinal part has no appreciable weight. Like light, caloric and electricity, they possess great activity. Like them they can never accumulate in the system in ponderable, poisonous masses. Like heat and electricity, they escape as readily as they entered. They leave none of their material to clog or corrode the machinery.

A man betrays great ignorance, who accuses an acknowledged Hahnemannian of charging the system with poisons or with leaving it *charged* with anything. He might as well suppose that a man lately arrived from a hot and distant country had, during his residence there, become more and more charged with heat, and had brought an excessive quantity of it with him; or that a me-

tallic conductor, by the frequent transmission of electricity, becomes thereby charged with lightning; or that a three days' speaker in Congress must sit down full of wind; or that a steam engine by long working becomes charged with steam, or an undershot wheel with water.

These last agents are analogous to the comminuted medicines, in regard to the non-lodgement of material. In another respect, the comparison fails. The action is not mechanical, but vital; not a gross impulse, but a delicate influence; not proportional to mass, but to activity. It is the action of an imponderable agent on the imponderable elements of life.

I believe, that the principle thus applied to the développement of medicinal power, presents no anomaly, but is applicable to other properties, as well in the nascent as in the evanescent condition of bodies.

Minute microscopic bodies in their nascent state, often exhibit properties which are masked by the presence of additional particles, whenever the dimensions have increased to a certain extent. I have seen this beautifully exhibited in *crystallizable* substances in solution. When one part of saturated tincture of camphor is mixed with five parts of alcohol, and the crystallization observed with a solar microscope, the smallest nascent crystals which are visible are seen to approach each other by mutual at-

traction, and to rotate on their axes, so as to unite by their mutually attractive poles. These compound groups then present similar phenomena, in their mutual approach, their rotation and union. I have witnessed similar phenomena in nitrate of silver and other crystals. Large crystals of the same substances exhibit no such attraction or polarity. Even ice, which in large masses has no magnetism, may exhibit magnetic properties when beginning to form minute crystals in the atmosphere.

I have considered latent therapeutic power as set free by the division of substances in which it is inherent.

I have incidentally alluded to another advantage which comminuted medicines possess, in the delicacy of the human organism. The invisible vessels and pores are, in all probability, inconceivably more numerous and minute than the visible ones. It may be in these narrow recesses of the system, that nature carries on her most important operations, and disease lays her foundations. To modify those operations, and overturn those foundations, it may be important, that the medicine should enter straits impassable and chambers inaccessible, by any substances whose parts are as gross as those of ordinary powders and solutions. For this additional reason, the powders and solutions prepared by Hahnemann's method—which divides the medicine into parts

inconceivably smaller—may possess peculiar power. The comminution effected in ordinary medicines by solution in the mouth, the stomach and the blood, leaves them coarse in comparison with medicines which may be prepared by Hahnemann's processes.

There is still another advantage which small medicinal particles may have over large ones: viz., that when in contact with any living part, the *average distance* of their whole surface, as well as substance, from the points of contact, is less than it would be if they were in one group. This advantage might be very great, if medicinal action, like other forces, varies inversely as the square, or some higher power of the distance.

The theory of potentization, as above given, consists of two parts: one relating to comminution, as the result of certain processes; the other, to power as the result of comminution.

I have shown: First, that Hahnemann's processes produce a comminution almost infinitely surpassing any which is practicable by any other method; Secondly, that comminution develops latent power.

His *discovery* of a new *law* in the science of therapeutics, and his *invention* of a new *process* in the art of pharmacy, have led to unprecedented *results*. The most insoluble bodies are dissolved, inert substances rendered medicinal,

and the most virulent poisons harmless; whilst drugs of intermediate activity have their salutary powers exalted, and their noxious effects obviated.

I find in the Bridgewater treatise of Dr. Prout—than whom few have more profoundly studied the molecular constitution of bodies—the following passage, which is in accordance with some of the above views :

“In this respect, therefore, the views we have advanced accord generally with those at present entertained; and the only point in which they differ, is in supposing that the self-repulsive molecule, as it exists in the gaseous form, does not represent the ultimate molecule, but is composed of many of them. With respect to the nature of the ultimate sub-molecules of those bodies which we consider at present as elements, as, for instance, of oxygen, they may naturally be supposed to possess the most intense properties or polarities. Indeed, such sub-molecules may be imagined to resemble in some degree the imponderable matters, heat, &c., not only by their extreme tenuity, but in other characters also; and this very intensity of property and character may be reasonably considered as one, if not the principal reason, why they are incapable of existing in a detached form. Lastly, are not these ultimate and refined forms of matter extensively employed in many of the

operations of nature, and particularly in many of the processes of organization?"

I will add, that in my opinion, the recent discovery of active oxygen tends to show, that even the molecules of a gaseous substance may be more minutely divided, and that this comminution enhances its activity. By what other hypothesis, can we as satisfactorily explain the great avidity with which oxygen seizes upon combustible substances, after its exposure to shocks of electricity?

LECTURE III.*

THE USE OF CHEMICAL AND MECHANICAL MEANS AND LARGE DOSES, IN CONNEXION WITH HOMŒOPATHIC PRACTICE.

A physician who administers a chemical antidote in large doses, does not thereby repudiate the doctrine, that agents which are therapeutic, in the strict and proper sense, should be administered in small doses. The law which regulates the neutralization of a poison in the cavity of the stomach, is radically different from that which regulates the cure of the morbid phenomena which the poison has already produced. The first is a law of chemical action, the last is a law of vital action. Entirely different conditions are required to be fulfilled in the two cases. The neutralization of a poison requires energetic chemical affinity between the poison and the antidote, or between some of their components. It also requires a certain relation between the mass of the poison and that of the antidote—the ratio

* Read before the American Institute of Homœopathy.

varying with different substances. The same quantity of the antidote which would be required to neutralize a given amount of any poison in an inanimate vessel, would be required to neutralize it in the cavity of the living stomach; no more, no less. A poisonous dose will always require a ponderable dose of the chemical antidote—in case of some substances, a quantity about equal to that of the poison, in others less, in others more.

On the contrary, no known chemical relation, and no near approximation of weight, are ever required between the poison and the antidote employed to remove the disease which the poison has produced. The relation is the vital one expressed by the law *similia similibus curantur*. The quantity of the vital antidote which is indispensable, and even the quantity which is most advantageous, is in almost every case of poisoning through the stomach, exceedingly small as compared with the quantity of poison.

The opinion that severe diseases require severe remedies, is a delusion originating in the misapplication of chemical, mechanical and toxicological ideas. The mass of the chemical equivalent is never expressed by an extremely small fraction; neither is that of the mechanical equivalent, in case of the velocities which ordinarily fall under our observation. To form a complete and pure compound, we weigh out the smallest

component in a quantity which is immense as compared with the smallest quantity which would act powerfully on the living body. To arrest a large moving ball by means of a momentum equal and opposite to its own, we must select a ball, which—in order that it may have the requisite momentum, (i. e. product of mass into velocity) with any velocity which we are capable of giving it—has an immense magnitude as compared with the smallest dose which would act powerfully on the living body. Again, in order that a drug may quickly destroy the life of a healthy man, i. e., in order that it may be a poison in the strict sense of the term, it must be given in a dose which is immense as compared with an efficient and judicious therapeutic dose; and this is no less true where the therapeutic object is to counteract a poison, than it is in most other cases of acute disease. The dose of medicine depends upon the nature and intensity of the morbid action, and not upon the quantity of poison that has produced it.

The case is entirely different where the object is, not to remove the disease already induced by the poison, but, to prevent the poison from inducing the disease. This last is, in strictness, rather a hygienic than a therapeutic measure. It is more analogous to surgery than to medicine proper. Here the Homœopathic physician suspends for a moment his functions as a thera-

peutist^t proper, and adopts mechanical or chemical expedients, like a board of health, a surgeon, or an Allœopathic physician.

The object of medical police is mainly hygienic: it removes noxious filth in order to prevent disease. Its object may be either to prevent an apprehended endemic in a city in which it has not yet commenced, or to prevent it, when once commenced, from extending to individuals not as yet attacked, or, in reference to individuals already attacked, to obviate a repetition of the poisonous action, a repetition which is aggravating and prolonging their disease. In all these cases, even in the last, it is merely removing the influence of morbid physical agents, but not any morbid vital action. Its object and function are preventive.

So it is with some of the earlier operations of a Homœopathic physician, called to a recent case of poisoning, where the poison is still chiefly in the cavity of the stomach. This cavity is practically exterior to the body proper—the living organism. But into this organism a portion of its contents are every moment liable to enter. Among the earlier steps which he is bound to take, is the neutralization of the poison, or its removal from the stomach, or both. For example, if the patient has swallowed acetate of lead, the physician administers a large dose of sulphate of magnesia. He neutralizes a corro-

sive or poisonous acid by calcined magnesia; and against potash, soda or ammonia, he gives vinegar or other non-poisonous vegetable acids.

In all this, his object is not to act on the living organism, not even on the stomach itself, but on the contents of the stomach; and it would be as absurd to restrict him to Homœopathic principles in the choice of the agent and the dose, as it would be were he cleaning a crucible, or fumigating a house, or purifying a street. However, from the facility with which substances in the stomach may act on the organism, he is bound to avoid, as far as possible, the formation there of new hurtful compounds.

Another part of the duty of the physician frequently is, to remove the poison from the stomach. In this case, his function is analogous to that of the surgeon, when he removes a bullet, a needle or any foreign body from the flesh. The surgical operation, as to its direct and immediate effect, may not be remedial; it is oftener, on the contrary, a positive evil, a cause of present pain and hemorrhage. The secondary and remote effects of the first stage of the surgical operation are not remedial, but on the contrary, may be inflammation of the parts which require to be divided before the foreign body can be reached. Yet we deem it right to inflict such evils, in order to prevent a greater evil. So the Homœopa-

this physician, whilst he denies that vomiting is a proper therapeutic operation, nevertheless considers it admissible as an antitoxical operation. He would not hesitate to tickle the fauces, or to administer large quantities of tepid water, in order to excite in certain muscles that morbid action on which vomiting depends. He would thus excite a temporary disease in these muscles, for a merely mechanical purpose, viz., the expulsion of the poison. In other cases, he might produce this as an additional result, by the continued administration of a comparatively harmless antidote: for example—to envelope and partially neutralize, and also to remove corrosive sublimate, he would give the white of eggs until he excited a sufficiently copious vomiting.

The Homœopathic physician, aware that emetic and cathartic drugs are often productive of immense mischief, will prefer the more harmless measures above mentioned, in all those cases in which he considers them equally efficient. But if cases occur in which the use of such means, or of the stomach pump, are not likely to remove the poison as promptly as active emetic and cathartic drugs, and delay was dangerous, he would not hesitate to employ these drugs. Like the surgeon, he would not hesitate to inflict the less injury, for the sake of preventing the greater.

Another part of the duty of the physician, is to correct the pathogenetic effects which the poison has already produced in the living forces or organism. The treatment for this purpose should frequently be commenced simultaneously with that for the neutralization and removal of the poison, and should always be continued longer. Here, the physician is called to operate, not on brute matter, but on the living organism and the immaterial vital principle. On this account, we denominate the medicine employed, the vital antidote, in contra-distinction to the chemical antidote, which operates on the poison itself.

The dose of the vital antidote may differ, according as we are treating for the primary pathogenetic action, or for the consecutive effects.

When a large quantity of poison has been taken, and ponderable quantities of it are still circulating with the blood, and continually acting on the organism, it may be proper in some cases to give large doses of the vital as well as of the chemical antidote. Until nearly all the poison has been removed or neutralized, and whilst it is making violent and continually repeated assaults on the vital power, the repetition of the morbid action is continually reproducing the disease, and rendering a repetition of the medicinal action necessary. This repetition of the medicinal action can be secured

by the frequent repetition of small doses, but it may also be secured by repeating at longer intervals, doses which are large as compared with those which would be proper in the Homœopathic treatment of ordinary diseases, however violent. By the larger dose, circulating like the poison in the blood, we secure a continuity of therapeutic impressions, corresponding to the continuity of the morbid impressions to be combatted. On this ground, I justify the practice, so common in the Homœopathic school, of giving coffee and some other vital antidotes, in large quantities, at the commencement of the treatment, in cases where poison has been recently taken.

But this principle does not justify the administration, either of large or frequently repeated doses in ordinary diseases, however violent. The action of a large quantity of poison, still entering, or just introduced, into the circulation, may be compared to that which gravitation exerts on a falling body. The earth acts on the body every instant, and accelerates its descent, unless resisted every instant. On the other hand, ordinary diseases, originating in a primitive morbid impression, may be compared to the action of a blow which rolls a ball along a smooth horizontal plane. By a single blow in the opposite direction, the ball may be retarded, and no subse-

quent acceleration can take place without a new impression; and the ball may be stopped by repeated and small blows given at long intervals.

This simple illustration suffices for the object I had in view; and with those who know, that in therapeutics, forces primarily parallel and in the same direction are virtually antagonistic. But were my object to enlighten an antipathist, in regard to the great Homœopathic law, that one impression weakens the effect of a similar one, I might consider the force which is ultimately to act in arresting the ball, to be at each application of it first applied to a spring, and applied in the same direction in which the ball is moving. The reaction of the spring is in a direction opposite to the motion of the ball, and resists it. To represent the force as applied through such a medium, has another advantage; it illustrates the continued action of a single dose, and the reason why frequent repetitions are unnecessary in ordinary diseases. The spring, which here represents the reaction of the vital forces, exerts for a considerable time its antagonistic action.

[I have stated one case for the administration of large doses; another is that of apparent or approximate death, from a poison or other sudden impression. I shall consider this in another place.]

But suppose the poison once neutralized or evacuated, or both, what is our duty then?

What will be done by a true Homœopathic physician? In other words, what will be done by any physician who understands the true principles of the healing art? He will endeavour to remove, by appropriate Homœopathic medicines, the morbid actions which the poison has excited in the living organism. In effecting this, he will not ordinarily resort to large doses, or even to crude drugs, in any dose; for he has learned that small doses and the peculiar preparations of the Homœopathic school, are in general vastly superior in their efficiency as well as in their safety.

Does any sceptical bystander ridicule the proposed means as evidently inadequate to the end, on account of the disparity between the mass of the medicine and that of the human body; or is the physician himself disturbed by a similar *a priori* doubt, when about to administer an inconceivably small quantity of matter to remove active inflammation, violent spasms or agonizing pains? Is he tempted to doubt whether it is not contrary to all the analogies of nature, to suppose that so minute and ethereal an agent, can act efficiently on a hundred and fifty pounds of matter, or on any one ounce of it?

The answer is at hand. In the case of light, caloric or electricity, whatever physical theory we adopt in relation to their nature, there is a material agent, which in imponderable doses is

capable of powerful action on the same gross and weighty human body. Whether we adopt the hypothesis of the emission of particles, or that of the undulations of an elastic medium, in either case, the agent is material, and so comminuted or rare, that it would be impossible to weigh, with the most delicate balance, a decillion of grains of the emitted particles, or a mass of the elastic fluid as large as the terraqueous globe. These particles or this fluid must, in the case of heat and electricity, penetrate with great freedom the pores of iron and gold, and in the case of light, the pores of glass and diamond.

To reject the teachings of Homœopathic experience on such a speculative ground, as the presumed impossibility that minute doses of an attenuated medicine can act on such great and gross bodies as ours, would be like the reasoning and conduct of a man, who should say to his friend, You need not fear to keep your bare hand almost in contact with a bushel of intensely ignited coal, nor to gaze at the meridian sun in a clear sky, with your inflamed eyes. In either case, the size and weight of your body will perfectly secure you; for I have ascertained that the weight of the matter that would enter your system in a whole day, is less than that of the highest attenuation which the most visionary Homœopathist ever administered in the pores of a grain of dry sugar of milk.

Now the physical facts stated by this theorist are perfectly true; but his practical conclusions are utterly false; as every child knows, from shcer experience. Such conclusions would only be worthy of a closet philosopher, who had lived since his infancy in a cell destitute of windows and fire, and lighted with the faint flame of an inaccessible lamp.

In like manner, our closet speculator, with perfectly just ideas in regard to the weight of electricity, having learned (what is indeed the fact) that a thunderbolt is much lighter than the smallest dose of Homœopathic medicine ever employed, might very consistently venture to receive through his body, the shock of the most powerful electrical battery, or stand during every thunder-storm, with an unfinished lightning-rod resting on his head. Imagine the rod to be complete except at the lower part, where it terminates in the room five feet above the floor, and is eked out by the erect body of our consistent Al-lœopathic philosopher.

If it is obviously preposterous to deny the power of light, caloric and electricity, in defiance of experience, how can it be reasonable to deny the power of the Homœopathic doses and preparations, in defiance of experience? The medicinal portion of these preparations, differs from crude matter, in some degree of approach towards these imponderable agents, in respect to their rarity

and the minuteness of their parts. The molecules of the imponderable agents must be inconceivably minute; and on this minute division their activity probably depends. But our belief in the fact of their activity is founded on experience. The teachings of this experience in regard to them, no sane man rejects. With such analogies to remove the *a priori* improbability of the activity of minute portions of matter in a minutely divided state, why should a sane man reject the abundant proofs which experience furnishes, that the Homœopathic preparations possess great activity, and are capable of controlling violent diseases, and antidoting virulent poisons? The *a priori* improbability being removed, we are left at liberty, nay, we are compelled, to admit the testimony of experience in regard to the power of Homœopathic doses and preparations, just as unhesitatingly as we do the same testimony in relation to the above mentioned transcendently active agents of nature. Why then should we generally administer large doses, if experience has proved that small ones are more safe and generally more efficient?

I will anticipate one objection which may be raised against this doctrine, in its application to cases of poisoning. It may be said, you have removed the poison from the stomach and intestines, but not from the blood. Do you expect to antidote and combat, by your infinitesimal doses,

the poison which may be circulating in the vascular system? To this I have three answers. First: The chemical antidote, previously administered, is also soluble and susceptible of being received into the blood. It is circulating in the blood-vessels as truly as the poison; and if it has been administered in the requisite quantities, it is there meeting the poison in the interior of all the organs, and there exerting the requisite chemical power. Secondly: I have supposed the vital antidote to have been given in large or in frequently-repeated doses, for a few minutes or hours, whilst any considerable quantity of the poison remained in the blood. This will not be for a long time, as nature effectually strives to eliminate these foreign substances. Thirdly: The chemical and the vital antidotes to a poison are rarely identical, and ordinarily very dissimilar. Consequently, if we give the chemical antidote in ever so large quantities beyond what is necessary to neutralize the poison, we thereby do nothing towards enabling us to dispense with the vital antidote; and on the other hand, if we give the vital antidote in ever so large doses beyond what is necessary to correct the morbid affections of the living organism, we thereby do nothing at all either towards neutralizing or removing the poison which is circulating in the blood-vessels, any more than we should if it were still in the stomach or intestines. The chemical and vital

antidotes cannot perform functions which are vicarious to each other.

Experience has demonstrated, that in almost every case, especially where there is not a continual repetition of the morbid action, the vital antidotes act best in exceedingly small doses. One exception is admissible; that is, where the excitability is nearly or entirely suspended in a sudden manner; as in cases of apparent death from lightning, when the nervous energy has been suddenly exhausted by this external cause, or in cases of drowning, strangulation, or other cases of sudden asphyxia of an external or mechanical origin. It is the property of true medicines to act on life, but not on a dead body. In many of these cases of incipient or apparent death, the first object to be attained is a mechanical one, (like vomiting to remove a poison,) and our first object is to employ means which will excite certain muscular actions. In asphyxia from the above causes, life will often be restored, provided we can only restore the mechanical actions of respiration. These will be followed by the chemical actions producing the arterialization of the blood, and the chemical actions will be followed by that degree of vitality which will reproduce the mechanical actions, and thus restore the whole function, which will then be carried on spontaneously. Now in this series, the primary mechanical actions must be artificially excited,

and the physician is operating in the capacity of a mechanic. He for a moment lays aside his peculiar and more transcendental prerogative, as an engineer for regulating the vital forces by the appropriate delicate agencies, in order to give the engine a start by a coarser lever. Now this may often be done by inflating the lungs, by reciprocating movements of the ribs, by electricity, frictions and stimulating applications. It is no disparagement to Homœopathic therapeutics, that it cannot, like electricity, produce muscular action in a dead body. Yet these mechanical actions may be essential to resuscitation, after which the Homœopathic medicines are the most efficient agents for restoring the patient to health. A similar reason for large doses may exist in certain cases of insensibility, or of partial death from some kinds of poison.

But does this justify the resort to large doses in cases of apparently approaching or incipient death from ordinary disease? It does not. For in this case, the vital powers are weakened by a previous and often a remote morbid impression. If an Allœopathic dose be given, it may either accelerate or retard the death a few minutes or a few hours, but it will in either case render the death more certain. If a large Homœopathic dose be given, it will render the death both more speedy and more sure. I am willing to have such practices judged with exclusive reference to

the good of the patient, and to waive all considerations of policy and of regard to the reputation of our glorious and beneficent system. But I will say, that to resort to any other than proper Homœopathic treatment, merely because a case is deperate, is to give the false impression that large doses and crude drugs are more efficacious than the small doses and the potentized preparations of Homœopathia. If they were so, they should have been given earlier, and not when, at best, they can but tantalize with a hope to be presently extinguished in despair and death.

As to large doses in general, they are indeed capable of producing effects which small doses ordinarily will not. For example, they can excite violent purging, vomiting, sweating, and other morbidly excessive excretions. But these effects are worse than useless. The most common apology is the expulsion of bad or excessive bile and other vitiated secretions, which the physician imagines in the stomach and bowels. The patient is especially warned that these will accumulate if there is the least constipation. To be convinced of the utter falsity of this doctrine, he has only to try the experiment under Homœopathic treatment. It may require a little time to remove by Homœopathic treatment the constipated habit; but during this time, the patient observes that his excretions are vastly more natural in character, and vastly freer from any excess of bile or

vitiated matter, than when he took cathartics and emetics. Every Homœopathic physician knows, that when the constipation has continued for many days, the stools are usually of a healthy character. He generally allows constipation to continue from four to seven days after accouchement, and finds the stools to have a better character, and the patient a better recovery, than when the evacuation takes place in two or three days, whether spontaneously or by a cathartic. In cases of small pox, I have known the constipation continue fifteen and twenty-two days, and be followed by perfect stools and a good recovery. The convalescence commenced before the evacuations, and was not caused by them. I have known no injury from such a course in any instance.

The effects of overloading the stomach, even with undigestible food, can in almost every instance be best obviated by Homœopathic treatment with small doses. Large doses of ordinary domestic coffee, which, in a single dose, has a less permanent action than most other drugs, is sometimes resorted to in such cases. I have not found it necessary, but cases may arise which will justify its use.

As to hard substances accidentally swallowed, or taken with the food, such as small coin and buttons, and huge quantities of cherry stones,

emetics and cathartics are admissible, as in cases of poisoning. But the Homœopathic physician will in such cases prefer tepid water, and other evacuants which are but slightly medicinal.

Another inquiry of some importance in relation to the boundaries of the Homœopathic art, i. e., of medicine proper, is that which relates to the appropriate limitation of surgery. Time does not now allow me to give this a full examination. I shall, as in the case of the preceding topics, content myself with a few hints.

Surgery has its uses and abuses. There will always be cases requiring mechanical treatment. For example, fractures and dislocations can neither be prevented nor cured by Homœopathic treatment; though after the replacement of the parts, it is a useful auxiliary; indeed, as to the removal of the disease proper, it is our sole reliance. The wounds of large arteries present a similar case.

Another class of cases, are surgical in their existing state, but they might have been prevented by appropriate Homœopathic treatment. For example, large urinary calculi, and the last stage of aneurisms of some large arteries.

There is another class of cases, which do not belong properly to surgery in any stage; but which the Allœopathic school has generally treated, either wholly or in part, by external or mechanical means—means which belong to and

characterize the province of surgery. To this class belong most cases of ophthalmia, schirrus, cancer, and a great variety of ulcers. Though the surgeon has not always neglected constitutional treatment, it has generally been the extremely defective treatment of the Alloëopathic school. The results of this have been often so unsatisfactory, that he has relied much on surgery proper, and employed various external and mechanical means, including the use of the knife. How many useless incisions, excisions and mutilations are there not chargeable to a defective system of medical treatment?

Homœopathia, in its present state, could obviate by far the greater part of surgery; and it is destined to obviate nearly the whole. Homœopathia will do far more than supply its place. Dr. Mott, my respected instructor in surgery, was in the habit of saying, "There is more glory in saving a limb than in amputating it." This honour will be especially awarded to Hahnemann and the Homœopathic physicians. Homœopathia will in time put an end to most mutilations for disease, whether they be the removal of limbs, of breasts, of tonsils, or of uvulæ. Not only the destruction of useful parts, but the frequent abbreviation of life itself by their removal, is chargeable to rejection of the beneficent system founded by Hahnemann. Statistics show that the average duration of life among those af-

fectured with schirrus and cancer, is shortened by operations; that those on whom excision is practised, die sooner than those who submit to no operation. Most local diseases, so called, are really general; most surgical diseases, so called, are really medical. When the medical profession shall have generally appreciated these truths and adopted the Homœopathic art of healing, the average duration of human life will be greatly increased.

LECTURE IV. *

THE LAW OF CURE.

The scientific institution which I have the honour to address, adopts as its creed the law *similia similibus curantur*. The general adoption of this universal principle in therapeutics is destined to effect a total revolution in medical practice, and to increase, by many years, the average duration of human life. I shall not attempt to exhibit the immense mass of direct experimental evidence by which Homœopathy is established, and by which it has gained a high rank among the sciences of observation; but shall confine myself to some general considerations in favour of the Homœopathic method of determining the remedy, and against the practicability of arriving at a reliable, still less a general, law of therapeutics by any of the ordinary methods. Let us consider whether Homœopathy, and it alone, does not fulfil all the conditions which reason requires in such an investigation.

* Read before the American Institute of Homœopathy.

If there is any general law of cure, that law must express some relation between the medicine and the disease. In order that it may be a law of cure in any practical sense, it must exhibit such a relation between the disease and its remedy, that an examination of the former shall enable us to select the latter. Now nothing can be known to man except by means of some phenomena cognizable by his senses; these phenomena represent its properties. The power of producing these phenomena, is what we call the property or properties of any thing, or entity.

It is the property of any particular disease to exhibit, during its continuance, certain phenomena not observable during health. Whether these changes are in function or structure, they are called symptoms. There can be no general rule of cure, unless it comprises symptoms as one of its elements. The changes observed post mortem can never alone suffice; because a dead man can never be cured. It is only through the medium of his antecedent symptoms, that we can make any use of his case in curing any other; and then only so far as the symptoms of the two cases correspond. An exact correspondence throughout the entire course will rarely occur. For other reasons, any rule of cure founded on post mortem observations will be slow in its development, and partial

and fallible in its most perfected state. Because : first, but a small proportion of patients die ; secondly, but a small proportion of cadavera can be thoroughly examined ; thirdly, in the cases in which there is a description of all the post mortem appearances, there is seldom an equally minute and comprehensive description of the symptoms : such a case is like one blade of a pair of scissors ; it wants the corresponding part in order to be available in practice. Fourthly, no man can always determine, to what particular stage or symptoms of the case any particular organic change is traceable ; still less, how much is due to one and how much to another ; fifthly, and finally, in the prevalent drugging system, who can calculate how many grains of the pathological treasure, which the anatomist eagerly collects in various parts of the body, has been deposited there by the disease, and how many by poisonous drugs ? to say nothing of the conflicting relative claims of the drugs among themselves ; they have all been vigorously working at the same parts of the body, one on one day, another on the next, and often many at the same instant ; and when their work is completed, some of them may dispute the title to an inflammation here, others to that of a mortification there. Stop, says one doctor ; you are all wrong ; the disease has been

at work here, and claims the totality of the results.

I have mentioned several obstacles which prevent man from deriving any general rule of cure from post mortem phenomena. If such a rule is attainable, it must be founded chiefly and essentially on the ante mortem phenomena, that is, the symptoms.

During the existence of any malady, its symptom are its only sensible representatives. In symptoms we include not only sensations and appearances in a vast number of minute divisions of the body, but the various circumstances under which these sensations, &c. are observed to occur, and the various modes in which they are simultaneously grouped. When a symptom is observed to occur under certain circumstances and not under others, this obvious relation between the symptom and its cause, is itself a symptom. The synchronism of two symptoms is itself a symptom. As no body in nature can be represented by a single property, so no disease can be represented by a single symptom.

Now any law of cure must express some relation between the properties of a disease and the medical character of a drug; that is, the character of its action on the living body. This character cannot be represented by a single effect, but by a group of effects. As a group of symptoms is the only representative of a malady, and

a group of effects on the living body the only representative of the medical character of a drug, there can be no law of cure unless it expresses some definite relation (either mediate or immediate) between these two classes of groups.

It remains for us to determine what class of medical effects must be selected as one of the elements of the therapeutic rule. One plan is to select the curative effects: a certain drug has removed a certain disease or group of symptoms; therefore it will remove it in future. This empirical method, when practised by the laity, is considered as an element of quackery, but when practised by regular physicians is dignified with the title of practice founded on medical experience, and is much vaunted at the present day. Has it not been the favourite method of the most observant Alloëopathic practitioners, whenever their experience had become sufficient to teach them the practical fallacies of the self-styled rational system in which they had been indoctrinated? But this is only the first stage of their progress. They soon find that their own experience conflicts with those they find recorded, and the latter with each other. If that medical scepticism which follows this discovery should not induce them to quit the profession, their preservation is owing to a new idea which is fortunately hatched at the same moment when the old one expires. This young progeny of the ashes of the

former theory, is innocent of all positive crime, and is known as the expectant theory, or confidence in nature and bread pills.

Such is the deplorable tendency of empirical therapeutics. It must always remain defective, even in its partial applications, and can never establish any general law. The true test of a genuine law, is its establishing some definite relation between phenomena not hitherto observed. Such for example is the law of gravitation, by which the astronomer can predict what motions would take place in a group of heavenly bodies, under any supposed conditions of mass, distance, and previous movement in each at a given instant. The system of Ptolemy had no such astronomical law: empirical medicine has no law. It can never enable us to pass from the known to the unknown. A true law has, essentially in its very nature, this element of progression. Such is the prerogative of the Homœopathic law in medicine. It establishes a relation not only between proved drugs and known diseases, but between all the unexplored medical wealth of nature and all the future medical wants of humanity.

The specificers of Germany, like the Alloëopathic school, attempted to found a *materia medica* on clinical experience. But how have they verified the practicability of their notions? Where and what is their *materia medica*? Who will

have the temerity to compare it with Hahnemann's? It is one thing to discover now and then a specific, and quite another thing to establish a law for the discovery and administration of all specifics. Many an ignorant individual has done the former; but a hundred generations of physicians were engaged in these uncertain, dangerous and comparatively fruitless experiments, before it pleased Providence to raise up a man capable of effecting the latter.

Those who reject this Homœopathic law endeavour to establish a *materia medica* and select their remedies, either, 1st, by the method of pure clinical experience; or 2dly, by the physiological method; or 3dly, by various mixtures or combinations of both. The first method is empiricism; the second, rationalism; the third eclecticism.

Let us present medical rationalism in its most cautious, philosophical and defensible form. We will suppose the rationalist to appreciate the importance of a minute and comprehensive observation of the case, and to be aware of the several successive steps by which strict logic requires him to proceed in the search of the remedy by the physiological method. First, he observes a certain group of symptoms. This is every thing in the disease which is appreciable by the senses. Thus far he is on the safe and solid ground of observation. Secondly,

from this position he plunges abruptly into the mire of speculation, or cautiously wades into it over places where there appears to be more or less foothold of reliable induction. But, sooner or later, he must be deeply immersed in hypotheses, before he arrives at those properties of the malady which are in immediate contact with the properties of the medicine. A certain group of symptoms does, in his opinion, denote certain occult morbid actions in the living body. I call them occult, because if they were obvious to the senses, they would not be matters of inference but of observation, and would themselves be symptoms. Thirdly, when the rationalizing or physiological physician, by various reasonings and conjectures more or less plausible, has ascertained, as nearly as he can, the occult actions of the disease, the next step in the problem is to determine what occult actions a remedy must produce, in order to remove those of the disease. I say occult, for the real battle between the medicine and the malady must be fought in this obscure and transcendental region, beyond the pale of observation. For various reasons, more or less plausible, the rationalist concludes that certain occult properties of a disease require certain occult properties in the remedy; for example, that the remedy must be a tonic, a relaxant, an antispasmodic, a refrigerant, a purifier of the blood, or an alterative.

The fourth step in the problem, is to pass from the occult to the obvious properties of the remedy; that is, to determine what obvious actions a remedy must evince, in order that it may excite the requisite occult actions. For example, he may conclude, that the medicine should be a cathartic, a diaphoretic or an emetic, or that it should produce some other evacuation, or that its action should be attended with some other obvious and definite phenomenon or group of phenomena, which in his opinion will evince the requisite internal actions. Now this fourth step is liable to all the unsoundness of the two preceding steps. In a majority of cases, there will be fallacy and error in each of the three; that is, in passing from the obvious to the occult properties of the malady, from the occult properties of the malady to the occult properties of the medicine, and from the occult properties of the medicine to its obvious properties.

The fifth and last step of the problem, is to determine what medicine will produce those obvious actions which the theorist has inferred to be requisite. He has now waded to the opposite shore, and again arrived at the solid ground of observation. He started with observing the obvious phenomena of the disease; he ends by a partial proving of drugs, or by selecting those which experience has already shown to produce

those obvious actions which he considers requisite in the case to be treated.

Though the observations of the first and fifth steps of the problem were ever so unexceptionable, the theoretical errors of the three intermediate steps may render them entirely useless. But these errors of the theory tend to vitiate the observations themselves: they tend to make the observation of symptoms partial, and the proving of drugs partial. The rationalist notes those symptoms of the disease which he can use in his theory, and slurs over the remaining and greater portion as useless. If the sufferer describes with minuteness the character, locality and conditions of the pains, the physician regards it as impertinent loquacity. In like manner, in the provings of a drug, there are but a few of its obvious effects of which the rationalist can avail himself; hence he is satisfied with ascertaining those few. Of what use to him are its thousand other symptoms?

Some form, combination or mixture of the clinical and the physiological methods is adopted by all physicians, except the Homœopathists. In the hour allotted to this discourse, it would be impossible to examine the combinations and mixtures; nor it is necessary: the errors of the fundamental systems must attach to all that are founded upon them. One physician professes to be governed mainly by the clinical experience of

the profession, another by physiological principles, another by both. All three ask, why do you call us Alloëopathists?

In answering this question, we must make a distinction between the rule by which the medicine is selected, and the principle on which it acts. No matter on what principle the drug is selected, if its actions are unlike those of the disease, the practice is Alloëopathic. This term is derived (not from *allos pathos*, another affection, but) from *alloios pathos*, a dissimilar affection. Every affection which is not of the same nature with the disease (that is, isopathic) must be another, that is, a different, affection; and these different affections must either be dissimilar or similar. The last are named Homœopathic. This last term (derived from *homoios pathos*, similar affection) is applicable to that practice in which the group of symptoms producible by the medicine is similar to that presented by the disease. If the group is dissimilar, the practice is Alloëopathic, whatever may be the rule by which the drug is selected. Now as those who select their medicines and doses by the imperfect light of clinical experience or pathological theories, generally excite sufferings unlike the disease, their practice is mainly Alloëopathic.

But as Homœopathy is founded both on experience and reason, why is it not a combination of empiricism and rationalism? I answer, em-

piricism is the practising under the guidance of experience, without a law; the Homœopathist practises under the guidance of a law established by experience. Rationalism is a system built up by reasoning upon subjects which are beyond the scope of human reason. Such is every system which is based upon the occult properties of diseases and the occult properties of drugs, and reasons upon the relation between these two classes of properties. Homœopathy is based upon the obvious properties of diseases and the obvious properties of drugs, and ascertains, by observation alone, the curative relation between these two classes of properties. It is reasonable to require such a foundation, and to erect the superstructure with such caution. Therefore this system is eminently rational. But because it is rational, because its reasoning is strictly inductive and founded on facts distinctly observable by finite man, it is not rationalism. Right reason is normal, rationalism a monstrosity.

Hahnemann and his disciples are the only medical philosophers who have been true to the inductive method, in the reasonings which they have employed in establishing a therapeutic law. They have proved, by abundant experience, that a medicine will remove a group of symptoms similar to the group which it is capable of producing. The law is founded on the observations, and on nothing else. Any metaphysical, me-

chanical or physiological considerations which I may urge in opposition to the old school or in favour of the new, are not to be considered as any part of the foundation of the Homœopathic system. After this distinct disclaimer, I feel at liberty to introduce some general reasonings in relation to the two rival methods. I design them not as proofs, but as inducements to experimental investigation. They would be unnecessary, were not the Allœopathic community enveloped in a mass of prejudices, which prevents them making those experiments which, if prosecuted with the childlike simplicity of a truehearted inductive philosopher, are alone sufficient to produce conversion.

No medicine can cure any disease, unless it acts upon all the diseased parts, either directly or indirectly. Now the more nearly the symptoms of a drug resemble those of the disease, the more near is its virtual approach to the disease, both as respects its different seats, and its relative intensity in each.

The number of parts susceptible of receiving the pathogenetic and curative actions of drugs vastly transcends the number recognised in anatomy. This is evident from the almost infinite diversity of the symptoms prудucible and curable by drugs. Millions of fibres and molecules sustain millions of relations to medicinal agents. How then is finite man ever to resolve the prob-

lem of cure with such multitudinous elements? By any of the ordinary methods it is utterly impossible. The pathologist, (whether he be a professed specifier or an ordinary Alloëopathist,) makes but a feeble beginning, if he demonstrates that a drug tends specially to act on any one apparatus, on certain component organs of that apparatus, or even on certain tissues of an organ.

There is practically an infinity of component parts in each tissue of each organ; and these infinitesimal parts may be simultaneously suffering some indeterminate elementary morbid affection. The affection in each element may be different from that in every other; the aggregate affection composing the disease of that tissue of that one organ. How complicated then is the disease of the whole organ!

Still more complicated is the disease of the whole body, even in a disease which is called local. The mutual sympathies are numberless. The number of results due to their different combinations defies all human powers of comprehension. Shall one member suffer and the whole body not suffer with it? It is impossible. Every malady affects, in some manner and some degree, every organ, every tissue, every molecule.

But no medicine can effect a perfect cure, unless its action is exerted on every diseased part, and on every part just in the proportion in which

it is disordered. There must also be a qualitative as well as quantitative difference between the actions on different parts. If there are millions of varieties of morbid action simultaneously existing in different parts, an equal number of curative actions must be established. Such are the objects to be ultimately attained, either by direct contact, or through the mutual influences of different parts or functions.

In view of such a complication, how general, how coarse, how insufficient appear the ordinary methods of treatment; such as opening the pores of the skin or the ducts of the liver, drawing off blood from the veins, or clearing out the alimentary canal!

Equally general, coarse and insufficient, are the electrical and the hydriatic (absurdly denominated the hydropathic) methods—the external application of a mass of water, and the internal application of electricity. The latter agent is refined, but the currents of it (whether applied to the limbs, the viscera, or the nervous trunks,) are gross. Neither the hydriatic nor the electrical method is susceptible of any law adapting it to all the diversities of morbid action.

Attenuated medicines, administered according to the law of similitude, are the true regulators of animal electricity and the human organism. The totality of any disease is the

totality of its morbid actions. There can be no complete exponents of these, except the morbid phenomena. Any true, complete and comprehensive law of medicine must recognise all the morbid phenomena, and define some relation between them and the curative agents. These relations may be either direct or intermediate. The employment of the latter entails all the errors of rationalism. Let us then consider the direct relations.

There are three relations which the symptoms of a drug can sustain to those of a disease, namely, identity, similarity, and dissimilarity. The last includes opposition. Therefore Antipathy is a branch of Alloëopathy. Let us consider it a moment. As a rule it is impracticable. There is no disease which has any considerable proportion of its symptoms opposite to those of any drug. Hence if this is the condition of cure, no malady is curable by medicine.

Passing from opposition to other forms of dissimilarity, we find none which can form the basis of a general therapeutic law. To form an estimate of pure Allœopathy, we must separate from it every homœopathic ingredient. In such an extreme case, is there any conceivable basis of curative action? If between none of the symptoms of the drug and those of the disease, there is either the relation of

identity, similarity or opposition, we must infer that the special action of the drug is on different functions, different organs and different tissues from those on which the disease specially acts, and that the two actions differ in nature as well as location. Is it not next to demonstrable, that such a destitution of all intimate relation, must imply the want of all curative agency? To speak figuratively, there is no handle by which the drug can grasp the disease.

The degrees of conceivable relationship between the action of drugs and that of a disease may be represented by an immense circle. Identity is the central point. On this point stands Isopathy. Immediately around it are arranged the most perfect degrees of similarity. This is the province of perfect Homœopathy. Contiguous to this is the annulus or ring of similarities less perfect, but still great. This is the theatre of that homœopathic practice, which, though not perfect, may be denominated good. Encircling this is a ring of similarities and dissimilarities, the region of allœopathic Homœopathy. If in our survey we proceed a step farther outward, we cross the line of nominal Homœopathy, the circular line that separates allœopathic Homœopathy from homœopathic Allœopathy. This last is an annulus of similarities so defective as to merit the epithet

of dissimilarities. The old school practitioner, without any particular design, often travels in this region, and sometimes into the interior rings, still nearer the disease, and thus effects its mitigation or cure. Passing still farther outward, we come to the annular region of great dissimilarity, the domains of Allœopathy as pure as practicable; and beyond that, at the circumference of the great circle, we may imagine the region of perfect dissimilarity, and of Allœopathy as pure as is conceivable. We have before seen that here is no relation which can be the basis of curative action.

Let us pass abruptly from the circumference to the centre. Is identity the requisite point? Is Isopathy the true principle of cure? In considering this system, it is of the utmost importance to be continually impressed with the fact, that identity is but a single mathematical point; it has no dimensions. The slightest conceivable departure from it is similarity. Professed and attempted Isopathy is in a position of unstable equilibrium, like a rod balanced on a point at its lower extremity. In spite of all attempts to preserve its erect and central position, it is continually tottering into the homœopathic region. We must not confound apparent with proper Isopathy. I believe the latter to have no existence as a curative system. If certain products of a disease have, when taken

into the stomach, cured a disease produced by the inoculation of a virus identical in kind, it is not because the second action is identical with, but only similar to, the disease in its existing stage. We can never be sure, that successive impressions of the same toxic agent are identical in their nature, unless it is administered in the same mode and under the same circumstances. The slightest removal from identity is similarity. From mere observation it is as impossible to test identity of action, as it is to test the contact of two contiguous mathematical points. Hence Isopathy can have no foundation in experience. I think it has none in reason. An addition of the same action is an augmentation of the action; and if a temporary increase of the malady tends to mitigate it, why should not one that was originally severe have a greater tendency to a spontaneous cure than one originally slight?

In a loose and popular sense, the homœopathic remedy docs aggravate the disease. Still farther, I concede, that in homœopathic books, there are thousands of instances, where the disease is said to be at first aggravated by the remedy. Still further, I hardly see how such expressions are to be avoided without great inconvenience. This is not the only case where, to avoid circumlocution, men use unphilosophical expressions. Astronomers, as well as others,

still speak of the rising and setting of the sun. Yet he must be a superficial critic, who would infer that modern astronomers, and other intelligent persons who use these expressions, are ignorant of the motion of the horizon. Medicinal aggravations present a similar case. I am aware that an uncandid or superficial opponent of our system might, in reference to this point, charge us with inconsistency; but this consideration shall not deter me from stating the truth. I deem this the more important, because most of the theoretic difficulties which physicians find in Hahnemann's law of cure, and the arguments which they employ against it most successfully with the public, would be annihilated by a correct distinction between certain things which are now often confounded. If a patient has swallowed ten grains of arsenic, we would not attempt to cure him by administering another grain. We would not administer any thing to produce either the tenth, or the ten millionth, or even the decillionth part of the *same* effect produced by the ten grains.

I acknowledge myself unable to understand, how a mere increase of any disease, in a strict sense of the terms, can tend to the cure of that disease. If experience proved it, I would believe it. Now all who have faithfully tried our remedies know that they are effectual. It

did not require one year, out of the seven which I have practised homœopathically, to make me sure that remedies employed according to Hahnemann's law cured diseases, and much more effectually than those which I had for sixteen years used as an allœopathic physician. Again I acknowledge, that in the progress of the homœopathic cures, I have often seen, from the minutest doses, what are called medicinal aggravations. How do I reconcile these facts? The answer is partly anticipated in what has been said above; and what I am about to state has a bearing on the same topic.

I must institute a comparison between the allœopathic and homœopathic practice, and trace the former through its different stages of approximation to the latter. Similarity is the characteristic of Homœopathy, dissimilarity that of Allœopathy. These characteristics differ not in kind, but in degree. Moderate similarity and moderate dissimilarity are contiguous, and practically identical. The boundary between the better forms of Allœopathy and the most imperfect forms of Homœopathy cannot be definitely determined; they are practically identical. In the circle by which I have, for convenience of nomenclature, represented the different modifications of the mixed systems by different annuli, they in strictness run into each

other by insensible shadings, from the small central circle of perfect similarity to the circumference of total dissimilarity.

Perhaps I cannot better express my view of the nature of homœopathic action, than by calling it an exquisitely refined counter-irritation or revulsion. These terms have been degraded by their application to processes which are coarse and external, and possess no specific relations to those infinite diversities of disease which result from the different infinitesimal localities, and the different kinds and combinations of the elementary morbid actions. The adaptation of Homœopathy to all of these, is one of its grand characteristics.

The coarser processes of the old school, may serve to give us some faint idea of the refined processes of the new. If a physician attempts to combat an irritation in the pleura by a counter-irritant applied to the feet, the effect is slight compared with that produced by the application of it to the surface of the chest. For an inflammation of the eye, he finds a slight artificial inflammation on the temple more effectual than one on the chest; and in general, the nearer he approaches the diseased locality, the more beneficial does he find the counter-irritation, provided it is not so strong as to spread to the seat of the disease, and thus become isopathic. This last evil he sometimes

encounters in diseases of the brain, the pleura and other organs, and shrinks from the application of his external stimulants, until the internal inflammation is farther reduced. Now if instead of a strong irritant an inch from the disease, we could apply a sufficiently gentle one at the distance of a millionth of an inch, is it not reasonable to conclude that it might be both safe and effectual?

The homœopathic action being inconceivably near the disease, both in the location, nature and function of the affected parts, this diversion restores the latter to their normal action, and enables them to retain it; and the new morbid action, which is manifested by similar symptoms, soon spontaneously subsides into a normal action, that is, health.

But if the homœopathic dose is too great, the effect is like that of an epispastic on the scalp, when the surface of the brain is highly inflamed; that is, the excessive homœopathic dose operates partly by counter-irritation, and partly by contiguous sympathy; the latter effect tending to frustrate the former. When a medicine which is homœopathic in a small dose, is administered in a large dose, its direct action, instead of being confined to a point near the disease, is in a circle which on one side overlaps the point of identity, and on the other spreads into the region of dissimilarity. Hence,

on one side, it tends to aggravate and protract the original disease, and on the other, to develop a multitude of new alloëopathic affections, which contribute more towards prostrating the vital forces than towards diminishing the original malady.

I will endeavor to give a hydro-dynamical illustration of homœopathic action. Suppose a complicated hydraulic engine, so constructed as to throw out millions of jets of fluid from different orifices and in different directions: Let this engine represent the human body. Let the equality of the jets represent that balance of the vital phenomena which denotes health. Let any inequality of the jets represent the phenomena of disease. The engine has millions of internal passages, compartments, valves, and other contrivances, through the medium of which the relative flow from different orifices is regulated; and any variation at one place affects more or less the internal position of the machinery and flow of fluid at all other places; although this sympathy is more intimate between some parts than between others. Let the streams represent vital actions and phenomena, whether of health or disease; the portions concealed within the engine being the inscrutable vital actions, and those jetting out being the phenomena or symptoms. These jets represent all the symp-

toms, subjective as well as objective; that is, sensations as well as appearances. Any jet which does not belong to the proper working of the engine, is a morbid phenomenon—a symptom. Any change in a previously existing regular jet is a symptom. The engine is so constituted, that the application of any agent which causes a new stream to flow from an orifice extremely near that of an existing stream, shall cause the latter to diminish; and if a sufficient number of new streams are thus caused to flow from orifices respectively contiguous to those of morbidly accelerated streams, all the latter will be rendered normal; and when the curative agent has spent its force, that is, when the new streams have ceased, the normal action of the engine will continue. This is health. Now the engineer, not having such an acquaintance with the structure of the minutest parts of the engine and their mutual influences, as to enable him to determine, *à priori*, the total influence which any agent will have on its operation, how can he regulate it? He has the requisite agents in sufficient variety to cause streams in every possible direction. Many of these agents have been applied to this engine, and to others of the same construction, and large volumes have been filled with a list of the particular jets which these agents produce or accelerate. He consults these volumes, if

he has not previously stored his mind with their contents. He finds an agent which is known to be capable of producing the requisite regulating streams. He applies this agent to the engine which is acting irregularly. The first effect is an apparent aggravation of the existing irregularity: for the new jets are respectively so nearly in conjunction with the previously excessive jets, as to appear, except on the closest inspection, to be identified with them, and render them still more excessive. This state of things represents medicinal aggravation. This near approximation or contiguity of the artificial to the abnormal streams, represents the similarity referred to in the fundamental law of homœopathic therapeutics.

Here let me notice an erroneous view which many take of our practice. They imagine that a treatment guided by the symptoms, must be aimed at the symptoms; that it may hit and extinguish these, but leave the disease untouched; that we are contending with the shadows of things and overlooking the substance, or, to borrow the figure from the engine just described, that we are merely annihilating the jets at their exit, instead of acting on the internal and primitive currents. Now the external jets are the guides, but the internal and primitive currents are the real subjects, and their regulation the objects, of our operations. We

are not combating symptoms, but are guided by symptoms in combating disease.

If the general and *à priori* considerations, which I have stated in favour of the homœopathic law, shall induce any to test it by actual experiment, my object will have been gained. Their conversion will be secured. It is to this trial that Homœopathy appeals. Every physician who has fairly, fully, and practically examined Homœopathy, has adopted it.

An opinion prevails to some extent in the community, that Homœopathy has been actually examined by many allœopathic physicians, and found by them to be untrue in principle and inefficacious in practice. Those who state that they have made an examination with such results, have no adequate conception of what is implied in their statement. It is implied, that they have repeatedly taken and administered a variety of our potentized medicines, in small doses, and always without any effect, either in producing or removing symptoms; secondly, that they have taken doses, in number and magnitude sufficient to produce numerous symptoms, and that these symptoms differed entirely from those recorded by Hahnemann and his disciples; thirdly, that many drugs, each of which was known by them to be capable of producing many symptoms, have been separately given by these physicians to

many patients, each of whose cases was specially characterized by many symptoms producible by the drug administered, and yet this drug given in sufficiently small doses and at sufficient intervals, neither cured nor benefited the patient. I deny that any such trials have ever been made with such results. Not one of the three classes of experiments, as above indicated, has ever been made by any man who is still a professed alloëopathic physician. The first class of experiments above indicated, would, if honestly and judiciously made, verify the efficiency of the smallest doses ever administered by Hahnemann; the second class would verify his *materia medica*; and the third class, his law of cure; a law which, by its universality and importance, gives to Hahnemann the same rank in medicine that Newton has in astronomy.

This is the only general law for the administration of specifics which any one has ever even pretended to have discovered. To men who have practically verified it, to the members of the American Institute of Homœopathy, no theoretical defence of it is needed. They have a conviction which can neither be shaken by any theoretical assault, nor confirmed by any theoretical defence.

To others who have honoured us with their presence this evening, we commend the exam-

ination of the new medical doctrine, in the spirit of that inductive philosophy by which the scientific men of Philadelphia have been distinguished, and in that spirit of philanthropy in which this city was founded. Standing here on ground consecrated by a Penn and a Franklin, and their numerous successors who have devoted themselves to the cause of science and humanity, we urge the claims of a system, inferior to none of the physical sciences, in the strictness of the investigations on which it is founded, and the extent of the benefits it is destined to confer on mankind.

LECTURE V.

PURE HOMŒOPATHY.*

Any morbid action is cured by a similar action, if cured at all.

The exceptions are apparent, not real. First: There may be poisons which threaten morbid action, which is prevented by their removal or neutralization. This is no cure of disease, and no exception to the law. If disease has been induced, it is cured according to the law. Secondly: There may be apparent death from sudden violence, after which chemical or physical agents may put the material organism in such a chemical or physical state as to be susceptible of a certain degree of vital action, after which its morbid character is removed by homœopathic means. Indeed, the action of these strong stimulants which effect the partial restoration, is, so far as they act vitally, analogous to that of the lightning, blow or other violence by which animation had been suspended. Finally, many cases of disease have a tendency

* Read before the Central-New York Homœopathic Society.

to a spontaneous termination in health. The patient may be greatly reduced; but the vital forces are ultimately triumphant, either without medicine, or in opposition to false and hurtful medication: in the last case, they achieve a double victory, against the combined forces of disease and drugs. In either case, it is merely a recovery, not a cure: the law is not violated.

We believe in the universality of the therapeutic law, *similia similibus curantur*. A belief in its universality makes one of the fundamental distinctions between the pure homœopathist and the homœopathic eclectic.

We have now considered the cure by similars, as a law of nature. We are next to consider it as an imperative rule or law in medicine considered as an *art*.—*Similia similibus curentur*, as well as *curantur*.

This is one mode of expressing the second article of belief, prefixed to the constitution of this society, in whose doctrines I concur, and by whom I am invited to deliver this public address.

We believe that pure and exclusive Homœopathy, which is the system of curing by similars, is superior not only to every other system, but to any number of them combined, either with each other, or with Homœopathy itself: consequently, that a physician consults the best good of his patients, by strictly avoiding the practice of all other methods in connection with the homœopa-

thic, either simultaneously or successively, either in the same or different cases of disease.

Hence we consider the homœopathic law inviolable as a rule of art.

This is not necessarily implied in its universality as a law of nature ; hence their separate statement is no tautology. If the cures of nature are always by similars, it does not follow that man ought always to attempt a cure by the same method. Because substances accidentally introduced into the system, or administered in the blind routine of empiricism, or in accordance with the fallacious hypotheses of physiological medicine, might happen, in some instances, to be so adapted to the case, that nature could avail herself of their instrumentality in effecting a cure by means of her homœopathic law, and yet man, if instructed merely in the law, but ignorant of the pathogenetic properties of drugs, would be incompetent to apply the law to practice.

But our school is not in this crippled state. It has two legs, the law and the *materia medica*. The last exhibits thousands of properties in hundreds of drugs ; the first renders these properties available. The system furnished with either of these branches alone, would have stood one-legged and impotent, a mere scientific curiosity ; but furnished with the two, which give reciprocal aid, it walks forth in might and majesty, to the

achievement of practical results unparalleled in medical history.

This superiority of pure homœopathic practice will continually increase, by the introduction of new medicines into our *materia medica*, and additional provings of all those which it now embraces. But a practice based exclusively on our law and our *materia medica*, in its present state of developement, will result in more cures and fewer deaths, than a practice which has this basis in some emergencies, and a different basis in others. Even an occasional departure from a pure homœopathic practice, is prejudicial to the interests of the patient; and in proportion as a physician thus relaxes his hold on the only safe guides, he is an inefficient and unsafe practitioner.

It is not to be expected, that all who inscribe on their banner the *similia* law of cure, will be as competent as Hahnemann to appreciate its universality and exclusiveness, or as strict in conforming their practice to their doctrines. Some are noviciates; and in an abrupt rotation are in danger of so great a shock, as to demand, with some reason, the privilege of turning on a radius. But some who are so dull as to be ever learning, but never coming to the knowledge of the truth, employ a radius of such enormous length, as to preclude all expectation of their coming into the right direction this side of the grave. Others,

after a moderate deflection from the allœopathic line, cease to turn ; they fly off in a tangent, in which, for life, they pursue their course, in a direction midway between truth and falsehood. Others manage to oscillate on a double track of both ; without that discrimination which perceives their incompatible tendencies. The practice of some of these veterans in nominal Homœopathy, is continually appealed to by the allœopathists, as proof of our virtual acknowledgment of the insufficiency of the whole system. They say A and B are known to stand high in the homœopathic school ; yet in severe cases, they bleed and blister and prescribe emetics and cathartics ; and, as alteratives, use pretty good doses of calomel and hydriodate of potash.

Such is not the system contained in the articles of faith of this society, and practised by its members.

Such is not the system with which the benevolent Hahnemann hoped to bless his fellow-men, in all nations of the earth, and for all ages to come. Such is not the system, for the revelation of which to him, he expressed such devout gratitude to the Author of all good. Such is not the system to which he devoted nearly half a century of his valuable life.

The *third* distinction between pure Homœopathy and homœopathic eclecticism, is phar-

maceutic and posological—it relates to the preparation and dose of medicine. We believe in the great therapeutic power and value of those preparations denominated potentized medicines.

Our confidence in the superiority of these preparations—as compared with crude or slightly diluted drugs—is immutably founded on our experience of their efficacy. It is not based on any theory. But having arrived at the conclusion by reliable induction, we are at liberty to theorize in regard to the reasons why these preparations manifest such superior efficacy.

I believe one reason of the superior efficacy of these preparations to be, the superior intensity of their power of acting homœopathically, i. e., like the disease; and the other, the inferior intensity of their power of acting alloëopathically, i. e., unlike the disease. In continuing the synthetic method one step farther, in assigning my reasons for these reasons, I will express my conviction, that that portion of the power, which the drug possesses, of acting like the disease, is increased by the physical changes which the drug undergoes at each step of the Hahnemannian process of dilution; and that that portion of the power which it possesses, of acting unlike the disease, is, at each state of the same process, diminished by the diminution of the quantity of the original

drug, contained in a given portion of the preparation.

I will first investigate the last proposition, relating to the qualitative influence of quantitative variations.

It is rare that the action of a remedy is perfectly similar to the disease which it is employed to combat; but if the dose be sufficiently small, its force will be expended where there is the greatest susceptibility to its action; viz., on the morbid actions similar to its own. Thus, whilst the morbid actions are mitigated or nearly destroyed, the normal or healthy actions are left undisturbed. Such a dose has but a slight power to generate new maladies; for its action requires special susceptibility, and this special susceptibility to its action is a part of the existing disease.

Now an excessive dose of the same drug, has an excessively wide range of operation. Requiring but little susceptibility, it acts violently where little or no modification of action was required. Thus it generates and spreads through the system a new disease, so unlike that which previously existed, as to exert but little direct antagonistic agency; whilst indirectly, it conspires with the disease in prostrating the patient, by its inroads into those provinces which had not been invaded.

When a physician applies himself diligently

to the comparison of the properties of a disease, with the properties of the drug which presents the maximum similitude, according to the *materia medica* in its present state, he usually finds many of the observed properties of the disease not represented in the known properties of the drug, and many of the known properties of the drug, not represented in the observed properties of the disease. If this disease and this drug were both perfectly known in all their properties, the dissimilarity between the two might be found to be greater, or it might be found to be less, than now appears. One result may be as probable as the other. As a perfect proving of the drug would disclose many new symptoms foreign to the disease, it is probable, on an average, that as great a proportion of its actual effects are dissimilar respectively to the phenomena of the disease, as of its effects already discovered.

The similarity which we seek, is but proximately attainable. How then can we avoid the allœopathic action of our homœopathic drugs? I answer, by small doses. With large doses, the allœopathic action is inevitable.

One example may suffice for illustration. Most crude drugs irritate the bowels, and tend to act as cathartics, in poisonous doses. Hence such doses are unfit even for determining the proper pathogenetic character of a drug. The charac-

teristic actions of each drug, and the characteristic susceptibilities of each prover, are but feebly and imperfectly developed during the violence of the common action on the common susceptibility.

The law of continuity must hold in doses progressively smaller. For convenience, we may select the doses of the alloëopathic school, as next in order to poisons. What a multitude of cathartics, which would never have been recognised as such, but for the pernicious doses in which they were employed. In this way, they have detected in scores of drugs a common action, for which the Creator never designed their employment in the true art of healing; whilst they have, by the same use of large doses, been prevented from discovering the innumerable specific properties with which the same Infinitely Wise and All-Bountiful Being has enriched the wide storehouse of nature, unlocked, after the lapse of ages, for the benefit of suffering humanity in the infinite ages to come.

Now the same principle applies to doses still smaller than those of the alloëopathic school. The law of continuity still holds. It is not reasonable to suppose that this confused and generic action of large doses, abruptly changes to a distinct and specific action, when the dose is reduced to one certain point. The crude homœopathic practice is, in this respect,

intermediate between the alloëopathic and the Hahnemannian. The first and the second trituration, and the extemporaneous dilution of the mother tincture, retain, to a certain extent, the same confused and generic mode of action.

Thus, the large-dose practice produces many actions dissimilar to the disease; and it is alloëopathic practice in proportion to the product of the number, intensity and alloëopathicity, of these dissimilar symptoms. This alloëopathic product diminishes with the dose; and it is the infinitesimal dose alone that reduces it to zero.

I maintain, that in progressively reducing the dose of a drug, its alloëopathic action vanishes earlier than its homœopathic. Of this proposition, medical experience proves the truth; the higher mathematics would aid in illustrating its rationale.

First, as to experience. Physicians are familiar with many of the deleterious effects of drugs, even in cases where they are the similia. Who has not witnessed a multitude of severe and lasting diseases engendered by mercury; how it poisons and corrodes the very bones of the patient, for years after its administration? What homœopathic physician does not know, that in the same diseases, the same remedy in sufficiently minute doses, retains all its curative power, without any of its Alloëopathic, poisonous action? ,

In conceiving the rationale, aid would be given by what mathematicians call fluxions, or the calculus. In this higher mathematics, they call one variable quantity a function of another, when they are so related that any variation in the one causes a variation in the other. Two quantities may be different functions of a third quantity, i. e., may, by their variations, cause it to vary according to different laws. Now the intensities of the homœopathic and allœopathic actions of a drug, are both functions of the dose; but they are different functions; they both diminish with the dose, but unequally; the allœopathic action diminishes with a vastly greater rapidity, and ultimately disappears, whilst the homœopathic action remains, not only sensible, but amply sufficient for all curative purposes.

If we consider the variations in the reverse order, commencing with the doses of Hahnemann and ending with those of the old school, we find a progressive developement of the actions heterogeneous to the disease: consequently, the practice becomes more and more allœopathic, as we pass through the lower potencies to the crude drugs.

Some desire to form an unnatural alliance between the new law and the old doses. Others would make a compromise in regard to dose; and whilst they adopt the law of similitude, use a drop or two of a crude drug slightly and extempora-

neously diluted. Still the alliance is unnatural. This practice is eclectic.

Let no physician consider himself justified in assuming the homœopathic name, on the ground of a nominal adherence to the fundamental homœopathic principle. The selection of a similar remedy, and the employment of it in a dose which excites much alloëopathic disease, is only a fulfilling of the dead letter of the law, and a transgression of its living and life-giving spirit.

The pretended reformer of Hahnemannism, with his red or yellow tincture, and his first trituration, has made a discovery similar to that of a clumsy surgeon, who, discarding delicate instruments and a definite direction of force to special localities, endeavours to dislodge the minutest splinters from the flesh by the blows of a broad-faced hammer.

Such operators in medicine and surgery irritate and bruise a vast extent of sound flesh.

Under the head of qualitative therapeutic influence of quantitative variations in the drug, I have considered the negative advantage gained by employing the minute quantities of drugs contained in extremely dilute medicines and consequently in the Hahnemannian preparations. I have shown that we thus avoid, in a great measure, those drug actions which sustain no intimate curative relations to the disease, but which, by

sapping the vital force, render it a more easy prey to the disease previously raging.

Under the head of qualitative therapeutic influence of physical variations in the constitution of the drug, I have next to allude to the *positive* advantage possessed by these Hahnemannian preparations; viz., an augmented power of acting like the disease, and consequently of curing it.

To this point, my present allusions will be extremely brief, as I have already stated my views in a former lecture.* In the theory of trituration and solution there given I have, by mechanical and chemical reasoning based on the principles of cohesion and affinity, demonstrated, that the process of Hahnemann secures an unparalleled degree of minuteness in the particles of the drug.

The theory is believed to be an addition to physical science. Philosophy was not aware, that simple solution left the dissolved substance in large groups or pieces composed of innumerable cohering particles, (i. e., large compared with atoms,) nor that these could be successively and indefinitely reduced by the method of Hahnemann, and by no other; and that similar principles apply to trituration, and that the advantages are similar. Neither were Hahnemann or his disciples, although they alleged

* Lect. II.

some degree of comminution, aware of the results above stated, still less of the principles on which they were obtained. Hahnemann, without knowing it, invented a process of immense interest in physical science. The knowledge of this will give Homœopathy rank in physical science.

In that part of my theory of potentization above referred to, it is proved, that Hahnemann's process effects unparalleled comminution; in another part I have shown that comminution develops latent power. Latent medicinal power is in the interior of a group; at the surface only is it free and active. By division the interior becomes surface; the latent becomes active. I have confirmed and illustrated this by the electrical and magnetic states of bodies, and by crystallization; and in relation to medical properties, by certain preparations of the old pharmacy which faintly approach those of our school—such as blue pill and Dover's powder.

But however reasonable it may be to admit peculiar power in the Hahnemannian preparations, the evidence on which we mainly rely, is that of experience. Every competent observer who has tried them, must admit, that a portion of one of these preparations has more power than a quantity of the original drug equal to that contained in the preparation; whether the drug be soluble or insoluble. To admit this, is

to admit the existence of some kind of potentization or dynamization, in these preparations.

If any one chooses to refer it to the superior penetrativeness resulting from comminution, he still admits potentization.

One who has seen any effect from these preparations, and still regards them merely as small doses, whose action is merely proportional to the contained quantity of the original drug, will find it impossible to explain how they can manifest any sensible action, when we are receiving larger quantities of the same and other medicinal substances, with our food.

For example, every homœopathic physician knows that some men, who, like others, are habitually taking common salt with their food, occasionally require a homœopathic dose of it as a medicine; and that under these circumstances, a billionth or decillionth of a grain will produce very manifest effects, although the patient has taken ten grains with his food in the same hour. It is absurd to suppose the effect to be owing to a mere increase in the quantity of salt swallowed; for this increase is not a millionth part as great as that to which he is continually liable by the accidental variations in the saltiness of his food.

The crudest homœopathist, with his first trituration of salt, would encounter the same difficulty, and be chargeable with the same inconsistency, unless he acknowledges potentization.

His hundredth of a grain is still vastly inferior to the accidental variations. The homœopathist must either be consistent, or else render himself ridiculous. If he rejects potentization, he must reject small doses.

The pure homœopathist admits both. He does more. He acknowledges their great therapeutic power and value. His experience has convinced him of their practical superiority.

In any medicine so prepared as to admit of administration in the minutest doses, the process for reducing the dose has necessarily effected such a physical change in the drug, as to augment its curative power, to an extent incredible to all who have not experienced or observed its effects in medical practice.

In those medicines denominated higher potences, the minuteness of the parts into which the drug is divided, and the corresponding augmentation of therapeutic power, transcend, in an inconceivable degree, any comminution or potentization previously known in mechanical or medical art.

Our practice is attacked in opposite directions. Some pronounce our medicines dilute, and therefore inert; others pronounce them concentrated, and therefore poisonous. Both are false in their conclusions. The first draw a false inference from true premises; the last draw a legitimate inference from false premises.

Concentrated or slightly diluted medicines, are poisonous; and no less so for being sold at the homœopathic pharmacies, and called by the homœopathic name, or administered by a nominal homœopathic physician.

It is painful to see family boxes filled with crude tinctures. The only consolation is, that these domestic prescribers will seldom hit the diseased spot. If a ruffian aims a blow at an inflamed eye, it is very fortunate if he only hits the sound cheek. I hope the misguided laymen who use the tinctures, will frequently be as successful in missing the mark. This is their only security.

What shall we say of the educated practitioner? He ought to be competent to aim with nicer precision. If he does possess this directive faculty, he must avoid brute force, or else his very skill may be the destruction of his patient. Therefore, I neither wonder nor regret, that crude-drug practitioners so frequently lose their confidence in nominal Homœopathy, and digress into the acknowledged paths of allœopathic routine.

Pure Homœopathy avoids allœopathic drugs, and allœopathic operations.

Let us briefly consider some of those, which are generally regarded as most essential. They are evacuations.

Having perceived that moisture of the skin and movement of the bowels frequently attend a crisis or mitigation of the malady, both professional

and non-professional observers have erroneously concluded, that the amendment was the consequence, instead of being, as it actually is, the cause of the evacuation.

When a homœopathic remedy produces these discharges, and simultaneously other signs of amendment, the real and internal amendment actually precedes the discharge. It is the improvement of health that unlocks the secretions, it is not the excretion that improves health. The allœopathic bystander exclaims, I told you, doctor, that he would be better as soon as his bowels had moved.

What gives plausibility to the popular view is, that the amendment is often more apparent after the evacuation. The struggles by which nature sets up this new action, are such as to mask, in some measure, that real increase of her power which enables her to effect the revolution. The feverish heat that precedes the sweat, and the intestinal irritation that precedes the alvine discharge, cover up and conceal much of the real improvement which has been already effected. This circumstance often makes the apparent amendment more abrupt than the real.

To attribute the curative agency to the evacuation, is like attributing the rising of the sun to the dawn that precedes it. A patient may be better soon after the constipation of fever has yielded to a homœopathic remedy; and in our

latitude, the sun will rise soon after day-break ; and the antecedent phenomenon is usually as much the cause of the succeeding phenomenon in one case as in the other.

One of the most important effects of cathartics and emetics is supposed to be the removal of *bile*. Biliousness is the popular and perpetual epidemic of the present era. Thousands, who are in perfect health, imagine that it is hazardous to remain long without exciting an artificial diarrhœa or cholera morbus ; and because the pure homœopathic physician never aims to excite such diseases, they consider his system extremely defective. They exclaim, how is it possible for us to get rid of the bile ?

Now, we believe that diseases rarely originate in excess of bile ; and that when it is superabundant, our methods of removing it are preferable to any other. The old school removes an enormous quantity from certain cavities in which it had no previous existence. Both the excess and the vitiated quality are the results of their own interference.

But suppose an excess in the bloodvessels, the liver, or its appendages : our school has the means of acting more directly on all these parts, and can secure the secretion and hepatic excretion, without any direct or undue irritation of the digestive organs. The ulterior excretion from these, is

sufficiently provided for in the naturally irritating quality of the bile itself.

With the prevalent practice, of attempting to regulate the most interior, molecular and capillary portions of the human body by exclusively meddling with its great thoroughfare, who can wonder at the prevalence of dyspepsia, nervous diseases, and impurity of blood? If the inhabitants of a city had no method of cleansing their houses and arranging their furniture, except that of scraping and washing their streets; we should expect that their exertions, if unremitted, would leave the houses in a filthy and disorderly condition, and the streets terribly worn.

The only other evacuation which we have time to consider, is *bloodletting*.

How are the gorged vessels of an inflamed part to be relieved of their superfluous fluid?

I answer, by causing them to evacuate themselves by the contractile power of their own walls, and through their own canals; in both respects precisely as they do in health. We need no lancets nor leeches to make new holes of exit; no suction of pumps, leeches or glasses to supply motive power.

The expedients of the cupper, leecher, and phlebotomist, are coarse, clumsy, prodigal, and insufficient. A delicate derangement of nervous influence, he endeavours to correct by an operation

coarse and mechanical. He evacuates a tube by piercing its side, when its contents might have been expelled at the open end. I call this a clumsy proceeding. Again, he unnecessarily wastes a valuable liquid. This is prodigality. To be prodigal of blood, is to be prodigal of life. The blood of man is eminently his life. In it are formed, retained and conveyed to all parts, the first elements of his organization. The bleeder may imagine, that in a few days the vessels will be refilled. But with what are they refilled? I answer, with water, not with blood. The organized, the vital part, the red globules, are slow in their reproduction. The blood may soon regain its volume, by the addition of serum; but it may require weeks, months, or years, to recover its richness. Let the pale, exsanguinated countenances of the victims testify. Let testimony be given by the dropsical bodies into whose cavities a thin and watery blood has poured its serum.

This is no unusual result of frequent blood-letting. The vessel is not too leaky; its contents are too thin, and freely permeate pores never designed for their copious transmission.

Bloodletting is as unnecessary for moderating the circulation towards a part or the general circulation, as it is for the local stagnation. If the inflammation is attended with fever,

or if there is fever without inflammation, the homœopathic remedies have the same superiority. An excessive action in the heart and arteries is owing to an irregular distribution of nervous influence, and nervous influence is to be regulated by homœopathic medicine.

If medicine, without evacuation, cures pleurisy in one day, there is no evidence of excess of blood on the next day; and as no blood has been abstracted, there could have been no excess on the day of the disease.

We can arrive at the same conclusion in another way. On the day immediately preceding that of the attack, the pulse may be perfectly normal; on feeling it, no physician would suspect any excess of blood; it is reasonable to infer that there is no appreciable excess on the day of attack; whatever may be the volume, hardness or rapidity of the pulse. The process of sanguification is not so hasty.

A current of cold air may develope a pleuritis, and convert a small and soft pulse into a full and hard one, in twelve hours; and two doses of the 30th dilution of aconite may restore the pulse to its natural condition, and cure the disease, in the twelve hours succeeding. How is it possible that the pabulum of life was superabundant, or its abstraction necessary or useful?

But eclecticism inquires: is there not some

immediate advantage in combining the two methods? Would not a severe case be rendered more safe by employing venesection as well as medicine? In reply, we affirm that there is no advantage. There is positive harm. Such a course not only endangers the future health, but the present cure. The homœopathic eclectic admits the superiority of the homœopathic method over the allœopathic, but imagines that the debilitating process would lay a good foundation. It is a foundation like that of the statue of the prophet's vision: feet of clay to support a metallic colossus. This internal, interstitial mutilation weakens the very powers which support the whole fabric of medication. The organization, thus suddenly and surgically deprived of so much of the animating fluid, is no longer able to institute the same curative reaction, which would have ensued upon the action of the appropriate remedy, when the vascular system retained its integrity, and the symptoms their primary character.

No one must infer, that homœopathic medicine is not competent to obviate the effects of bloodletting, as well as of any other morbid agent. Where hæmorrhage is the cause of disease, we have cinchona and other efficient remedies. We are considering a case to which these remedies are not primarily appropriate.

Suppose that previously to the venesection,

the symptoms clearly and strongly indicate *aconitum*. What reason have we to expect them to indicate the same remedy with equal distinctness and force, if at all, subsequently to the depletion? Reason and experience equally contradict the supposition. The remedy which would have cured is now comparatively impotent.

Nature was struggling with the disease. The violence of the circulation, was proof of her power. The power was misdirected, and needed guidance; not prostration. The kind of guidance needed, is indicated by the direction of her movements. If we inflict a stunning blow, her energies and indices are both impaired. The symptoms were designed to guide us in giving a new and proper direction to the vital forces. If the alloëopathic blow mutilates the symptoms by impairing the vital forces, it diminishes the probability of our selecting the most appropriate aid, and at the same time weakens nature's power to profit by that assistance.

Is there any sufficient apology for an impure practice?

One man alleges, that though in all cases of disease he can find a simile in some drug, yet in many cases, he is unable to find the

similimum, and that without this last, any attempted homœopathic practice is a nullity.

If he means by similimum, that which exactly corresponds with the disease, if he would enhance similarity till it becomes merged in identity, the similarity is annihilated, and with it is annihilated all curative power. Such a drug could only increase and protract the malady.

Again, suppose him to mean by similimum, the drug which bears the strictest conceivable analogy to the disease. Is that the only reliable remedy? the only remedy which renders our practice superior to the alloëopathic? No: the experience of half a century has decided in the negative. If the symptoms were examined with sufficient strictness, it would be found, that such a remedy has rarely if ever been administered. Yet from the infancy of our materia medica, up to its present comparative maturity, such homœopathic practice, defective as it is, compared with ideal perfection, has clearly demonstrated its decided superiority over the practice of every rival school.

That which cures must be curative—all speculation to the contrary notwithstanding.

Lastly, if by similimum is understood the drug which is more similar to the disease than any other in the whole range of existing substances, there are the same objections to its exclusive

claims to utility. It is doubtful whether such a medicine has often been employed. The three hundred articles of our *materia medica* form but a small portion of the products of the laboratories of nature and of man: and the imperfect provings of those few are but a limited part of that *materia medica* which existed in the mind of God, when he animated all nature with medicinal properties, adapted to the prospective and indefinitely diversified maladies, both mental and physical, to which man was liable. The materials of the three kingdoms of nature, with Homœopathy as the guiding principle in their employment, constitute, as it were, a collective "tree of life, whose leaves are for the healing of the nations."

Of such a boundless *materia medica*, a gracious Providence has been pleased to develop a certain portion, through the instrumentality of Hahnemann and his disciples. Although this portion is meagre, compared with that which shall hereafter be developed by the same method of Hahnemann, yet is it incomparably richer than the *materia* which had been accumulated, by the collective wisdom and industry of all preceding generations.

It is the duty and privilege of homœopathic physicians, acting in the capacity of *provers*, to explore the inexhaustible storehouse of untried materials. In this way, the world will ulti-

mately acquire, for every shade of disease, a remedy extremely similar. This, in one sense, may be called a *similimum*. But in the mean time, it is the duty of the same class of persons, acting in the capacity of *physicians*, to search for and select as their practical *similimum* and most reliable remedy for each shade of disease, that one of the already proved drugs, which is more similar than any other proved drugs. Such a medicine is the most similar in the existing state of science. If it is also sufficiently similar, it will remove the whole disease; if not, it will remove a certain portion; and the remaining symptoms are then to be observed, and the *materia medica* searched for the remedy which will annihilate either the totality or the greatest portion of the residual symptoms. A similar operation is to be repeated for every residuum, till the whole disease is eliminated.

This is analogous to the algebraic process for eliminating several unknown quantities, by several equations.

The pseudo-homœopathic physician, who, not finding a curative for the disease by one operation, rejects the most approximate remedy, abandons the homœopathic method, and relies on old-school hypotheses, chance-results and large doses, perpetrates a folly similar to that of the pseudo-mathematician, who engaged in

a problem susceptible of solution by a number of equations equal to the number of unknown quantities, but not by a single equation; pronounces algebra all moonshine for such an emergency, and determines on a tentative process, i. e., guessing and trying.

What if the mathematician should say, I am no bigot nor exclusive; I am eclectic; I believe in some calculation and some guessing? The medical eclectic has the same liberal faith. He professes to do all he can for his patients. It is said he will not sacrifice their lives to theory; that where homœopathic principles and doses are inadequate, he will resort to the alloëopathic drugs and doses; that in severe and dangerous cases, he will try any system, or any dose without system, in short, any thing that presents a chance of saving human life. He considers the pure practice sufficient for chronic and slight affections, but not for those which are severe, rapid, and dangerous.

All this appears very plausible to the popular mind, uninstructed in the defects of the old methods and the excellencies of the new. But it must be evident, even to such, on a little reflection, that if there are better methods than the homœopathic, they should be resorted to in the earliest stages of disease, before it becomes so unmanageable. The prevention of

danger is better than the bare chance of its removal. Let every one select from the beginning, and retain to the end, that practice which he considers most safe and efficient.

The pure homœopathist claims for himself an equally sincere regard for the good of his patients. If he adheres to his system in all cases, it is for saving his patients, not for saving any theory. When the case becomes alarming, he considers his chance of curing not enhanced by the increase of blind force. His only confidence is in force judiciously directed; and for its direction he selects the most reliable guide.

Suppose that a surgeon, in performing a delicate operation, should, from his unsteadiness of hand or a deficiency in his knowledge of anatomy, at first fail to hit the requisite point in the flesh with the point of his instrument; or, from the effusion of blood, not discover whether he has hit it or not. What shall he do? Shall he put forth all his physical might, and violently plunge the instrument to the greatest possible depth, and in every possible direction? Shall he substitute an axe for his delicate and appropriate instrument, and random strokes for those directed by anatomical science? In a frantic hurry, shall he slash up and down, to the right and left?

This is the picture of a physician who does

every thing in his power. If a small dose does not immediately cure, he immediately resorts to a repetition or change of remedy, or augmentation of dose. He never studies the effect of his remedy sufficiently to determine whether a slight apparent progress of the disease may not be a medicinal aggravation, which temporarily obscures the fact of his having already hit the right point. He has indeed no belief in aggravations from small doses. If he knew this to be the properly-selected remedy, and this aggravation to be its action, it would be his duty to wait a due time for the healthy reaction. Instead of this, he repeats the same medicine and dose, and thus plunges deeper in the same place, or takes a different drug in the same dose, and thus pierces to the same depth on one side. If this fails, he frantically seizes and administers a large dose, and thus ensures an incision of grand dimensions, vast in breadth as well as depth. This is Alloëopathy under the mask of Homœopathy. Failing in this operation, he throws off the mask, and appears in the character of a professed alloëopathic physician, *quo ad hoc*. He means to resume the mask on all fitting occasions; but in such emergencies as the present, the world must know that he will leave no stone unturned. He resorts to alloëopathic principles, methods and doses.

If he had previously followed the law of

Hahnemann, he will now be guided by pathological hypotheses, or select a drug which either he or some other physician or nostrum-monger, or other man or woman, has formerly administered in a case which was supposed to be analogous, and which, by some means or other, recovered.

This is plunging his instrument blindly in every direction. He also employs an instrument more coarse and wide-cutting, as well as blows more widely distributed. He finds the primarily-triturated grain and red drop of nominal homœopathy, insufficient for all the revulsive operations on which he is now to rely.

Against such abuse of Homœopathy, it is one of the most important and sacred duties of her genuine friends to remonstrate.

I rejoice that such a remonstrance has been virtually uttered by this society, in the articles of belief prefixed to its constitution, and that this audience and this community enjoy the blessings of a purer system.

The good seed of pure Homœopathy, imported to this Western continent by Hering, and planted in Central New-York by Bayard and his successors, has here found a congenial soil, and a propitious sky. The tree of health has here sent down its roots, elevated its trunk, shot forth its branches, and expanded its life-giving foliage.

Its cultivators are cheered by the firm assurance, that, watered by the dews of the same Heaven whose sunshine first gave it animation, it will receive effectual and everlasting support from the infinite Essence and Source of all goodness and wisdom.

A P P E N D I X.

THE author has considered it proper to publish in this place the following letter, which serves to illustrate a portion of Lecture I., relating to the qualifications and claims of homœopathic physicians, and the nature of the opposition which they are obliged to encounter.

The great success of the homœopathic treatment in the cholera of 1849, by attenuated medicines, is now extensively known. When the epidemic had disappeared, the Board of Health of the City of New York, through its Sanatary Committee, made a Report, in which reasons were assigned for refusing to establish a homœopathic cholera hospital, for which a petition had been presented by hundreds of our respectable citizens.

Some of the reasons were assigned by the Sanatary Committee, others by their Medical Counsel, composed of several physicians of high rank. The parts referred to in the letter, are quoted in the words of the authors.

It will be seen that (to use the language of a distinguished writer) "though the Board, even while thus deciding, profess not to be competent to decide, they seem to consider themselves competent to sneer."

The Medical Counsel, in their report to the Sanatary Committee, say, that

“By intelligent and well educated physicians generally, Homœopathy is looked upon as a species of empiricism. It is neither practised by them, nor countenanced by them. Concurring entirely with their professional brethren on this subject, the undersigned conceive that the public authorities of our city would not consult either their own dignity or the public good, by lending the sanction of their name or influence to Homœopathy or any other irregular mode of practice.”

The Committee say, that

“In adopting this report, the Sanitary Committee do not wish to be considered as expressing any opinion either in favour or against what is commonly denominated Homœopathy. This they viewed as a subject entirely beyond their province.”

After some other remarks, they end by saying,

“Taking this view of the subject, the committee felt it to be their duty to have nothing to do with medicine, except as they found it embodied in what is understood and known both by the public, as well as physicians, as the regular profession. While in this way they paid all suitable respect to so honourable a profession as that of medicine, the committee felt that they did no injustice to those who suppose themselves in advance of the age, and profess themselves gifted with superior knowledge and wisdom.”

L E T T E R.

*To the Sanatory Committee of the Board of Health
of the City of New-York :*

GENTLEMEN :—In the report of your proceedings recently published, you assign reasons for not establishing a homœopathic Cholera Hospital. Notwithstanding the equivocal compliment which you bestow on the homœopathists, as “those who suppose themselves in advance of the age, and profess themselves gifted with superior knowledge and wisdom,” I shall assume that you intended “no injustice” toward either of the two great medical parties into which the community, as well as the regular profession, is divided.

The regular medical profession includes all those who have pursued the course of medical studies prescribed by the laws of the State, and complied with all the professional requirements of the medical colleges and medical societies which the State has established. The diplomas held by the homœopathic physicians of New-York, afford proof that they have passed these ordeals.

As such are the only tests of professional regularity recognised under this or any civilized government, I cannot presume that you “suppose” yourselves so far “in advance of the age, and profess” yourselves “gifted with” such “superior knowledge and wisdom,” as to impose, in-

tentionally, a new test, not recognised by those laws from which you derive all your authority. How is it, then, that you refused to place one of the cholera hospitals under the care of regular homœopathic physicians, on the ground that “the committee felt it to be their duty to have nothing to do with medicine, except as they found it embodied in what is understood and known, both by the public as well as physicians, as the regular profession?” Is it possible that you were deceived by a mere name, which some physicians have assumed for themselves, and persuaded their friends to appropriate to them? Regularity, in its proper sense, is an excellent thing: so are catholicism and democracy: but I doubt whether you have all resolved to have nothing to do with religion, except as you find it embodied in the Catholic church, or with politics, except as you find it embodied in the democratic party.

You must mean, either that the homœopathic physicians constitute *no part* of the regular profession, or else that they constitute only a *minority*. The first position I have shown to be untenable. In considering the second, I assume that minorities have rights, on which no agents of government can properly trample. During a pestilence, the homœopathic citizens of New-York can justly claim, that a due proportion of what they have contributed to the funds of the city, be appropriated to the use of a homœopathic hospi-

tal. They have a right to dictate what provision shall be made for the treatment of the indigent and stranger of their own medical faith, so far as this can be conceded without infringing the rights of others. In regard to this last point, you were not requested to refrain from establishing as many allœopathic hospitals as you deemed expedient, nor to compel any patient to enter the homœopathic.

The statement of the main objection which your medical counsel urged against Homœopathy may be ambiguous; but it is susceptible of only two constructions: one is that "it is neither practised" "nor countenanced by" a *majority* of "intelligent and well educated physicians." This proves no more than the equally notorious fact, that it is neither practised nor countenanced by the majority of stupid and uneducated physicians. Allœopathy has more great men and more small ones; for the same reason that white sheep have more wool than black ones.

The only other meaning of which the statement of the "counsel" is susceptible, is, that Homœopathy "is neither practised" "nor countenanced by" *any* intelligent and well educated physicians. Is this the assertion of the medical counsel, a majority (i. e. two) of whose members are medical professors, who are annually recommending homœopathic medical students as qualified to receive the degree of doctor of medicine? From

these and similar alloëopathic professors, the homœopathic physicians now practising have received their credentials. When a professor affirms that his own certificate is false, to which of his statements shall we give credence? The case reminds us of the problem which exercised the sophists. When a man says, I lie, does he lie or does he speak the truth?

Neither the committee nor their counsel have attempted to refute the statistics by which the petition was sustained, nor to deny that Homœopathy affords the best method of *curing the sick*, however much the "public authorities" might, by rejecting it, "consult their own dignity," and thus, indirectly, "the public good." Of their objections, I am not able to perceive any which are not substantially included in those which I have answered. If there is an appearance of mystification or muddiness in the whole train of their reasoning, I have too much respect for them to attribute it to anything else than the unavoidable difficulties attending the defence of a weak cause.

B. F. JOSLIN, M. D.

New-York, Nov. 17, 1849.

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